


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90095 027 \*\*\*150.00

DOCUMENT # <u>P00000050815</u>	
1. Entity Name <b>AVIATION MASTERS INC.</b>	✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6500 N.W. 12th Avenue</b>	3. Mailing Address <b>6500 N.W. 12th AVENUE</b>
Suite, Apt. #, etc. <b>118</b>	Suite, Apt. #, etc. <b>118</b>
City & State <b>Fort Lauderdale</b>	City & State <b>Fort Lauderdale</b>
Zip <b>33309</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>651015683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Eino Kymalainen</b>
Street Address (P.O. Box Number is Not Acceptable) <b>5205 Brisata Cir. # A</b>
City <b>Boynton Beach</b>
State <b>FL</b>
Zip Code <b>33437</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	<b>Eino Kymalainen</b>	DATE <b>04/10/03</b>
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<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Florida Department of State</b></p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, CEO, Eino Kymalainen 5205 Brisata Cir. #A, Boynton Beach, FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, Rauno Toikkanen, 600 Via Lugano Cir. #109, Boynton Beach, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, Edgar Gonzalez, 9205 N.W. 55th Street, Sunrise, FL 33351</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P, CFO, Pasi Kymalainen 5205 Brisata Cir. #A, Boynton Beach, FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>Eino Kymalainen</b>	Date <b>04/10/03</b>	Daytime Phone # <b>(954) 771-0112</b>
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