

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 037 ***150.00

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02222005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000104121		
1. Entity Name PROFESSIONAL AVIATION GROUP, INC.		

Principal Place of Business 19290 NORTHWEST 12TH STREET PEMBROKE PINES, FL 33029-4500	Mailing Address 19290 NORTHWEST 12TH STREET PEMBROKE PINES, FL 33029-4500
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2. Principal Place of Business 1134 Queen Palm Court Suite, Apt. #, etc.	3. Mailing Address 1134 Queen Palm Court Suite, Apt. #, etc.
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City & State Hollywood, Florida	City & State Hollywood, Florida	4. FEI Number 65-1053796	Applied For <input type="checkbox"/> Not Applicable
Zip 33019	Country USA	Zip 33019	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RANDALL, JOHN 19290 NORTHWEST 12TH STREET PEMBROKE PINES, FL 33029-4500		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1134 Queen Palm Court City Hollywood FL Zip Code 33019	
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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: <i>John Randall</i> PRESIDENT	DATE: <i>3/24/2005</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution? <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RANDALL, JOHN 19290 NORTHWEST 12TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1134 Queen Palm Court Hollywood, Florida 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>John Randall</i> PRESIDENT	DATE: <i>3/24/2005</i> 954-658-0195