

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000116157

Entity Name: AVIATION ASSURANCE INC.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16895 SW 59TH COURT  
FT LAUDERDALE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

16895 SW 59TH COURT  
FT LAUDERDALE, FL 33331

**New Mailing Address:**

FEI Number: 65-1063341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ANTON, FRANK C  
16895 SW 59TH COURT  
FT LAUDERDALE, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANTON, FRANK C  
Address: 16895 SW 59TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33331

Title: VST  
Name: ANTON, LUCY  
Address: 16895 SW 59TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK C. ANTON

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date