Apr 30 04 08:07a TIM WHEAT CPA 8

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90775 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000053336

1. Entity Name
KAMBINI AVIATION, INC.

Principal Place of Business	Mailing Address
4308 RIDGELAND DRIVE PACE, FL 32571	4308 RIDGELAND DRIVE PACE, FL 32571

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
~~Santa Rosa County Airport~~	~~4308 Ridgeland Dr~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Milton~~ ~~Florida~~	City & State: ~~Pace, FL~~
Zip / Country: ~~Santa Rosa~~	Zip: ~~32571~~ Country: ~~Santa Rosa~~

4. FEI Number 59-3707056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

KAMBUROFF, BRIAN
4308 RIDGELAND DRIVE
PACE, FL 32571

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMBUROFF, BRIAN 4308 RIDGELAND DRIVE PACE, FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMBUROFF, MARIA 4308 RIDGELAND DRIVE PACE, FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] BRIAN J. KAMBUROFF 31 APR 04 (850) 450-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #