2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000064248

1. Entity Name

AVIATION JOURNAL GRAPHICS CORPORATION



FILED Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business

3787 PALM VALLEY ROAD SUITE 102, PMB 145 PONTE VEDRA BEACH, FL 32082 Mailing Address

3787 PALM VALLEY ROAD SUITE 102, PMB 145 PONTE VEDRA BEACH, FL 32082



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3731187

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(904)699-0145

6.	Name	and	Address -	of Current	Registered A	aent

RIVKIN, GERALD 337 DIANA CT.

SIGNATURE:

ST. AUGUSTINE, FL 32092

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FEBRUARY 3. ZOOB

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS			<u></u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVKIN, GERALD 337 DIANA CT. ST. AUGUSTINE, FL 32092				U00000917786					
NAME STREET ADDRESS CITY-ST-ZIP					02/15/08-80017-017 150.00					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
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TITLE 4 NAME STREET ADDRESS CITY-ST-ZIP	The second secon									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR