

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094646

Entity Name: PALM BEACH AVIATION, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3800 SOUTHERN BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406

New Principal Place of Business:

1516 PERIMETER ROAD
SUITE ME 140
WEST PALM BEACH, FL 33406

Current Mailing Address:

ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1150941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFERTY, JR, WILLIAM L ESQ.
1401 BRICKELL AVENUE
SUITE 825
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MARTIN, MARTY
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: SARGEANT, DANIEL
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: KIRKEIDE, KEVIN G
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: GAGNE, GREG
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN KIRKEIDE

TD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date