U	FOR PROFIT C	03						
DOCUMENT # P02000024211				7	FILED			
1. Entity Name KONA AVIATION, INC.				03 JUN 10 AM 9: 15				
<u> </u>				_	SECRETARY OF STATE TALLAHASSEE FLORIDA			
DO NOT WRITE IN THIS SPACE					TALLAHAGOTT, FLVIN	DN _		
2. Principal Place of Business 1535 SE 17th STREET		3. Mailing Address 1535 SE 17th STREET						
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206		DO NOT WRITE IN THIS SPACE				
FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		4. FE	Number 01-0626629		Applied For Not Applicable	
33316	Country USA	Zip 33316	Country USA	5 . Ce	rtificate of Status Desired		B.75 Additional e Required	
		T) emilia	Name	7. Nam	e and Address of Current Re	gistered A	gent	
DO NOT WRITE					effrey Ruhl			
			Street Address	Street Address (895808 Number in No. Acceptable) Ste 206				
	IN THIS SPA	ACE	<u> </u>				•	
		•	City	Fort L	auderdale	FL	Zip Code 33316	
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.								
SIGNATURE Significe, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh					tating)	6/5/63 DATE	,	
Tax filing requirement and elects to do so. After M. Amend			1 Fee is \$150.00 Fee is \$550.00 IBR is \$61.25 to Department of St	tate	10. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
11	OFFICERS AND D	RECTORS	, , , , , , , , , , , , , , , , , , ,	· 				
NAME STREET ADDRESS CITY-ST-ZIP	Ruh1, Jeffrey 102 NE 2nd Street Boca Raton, FL 33		THILE NAME STREET ADDRESS CITY-ST-ZIP		, -	-		
TITLE			TITLE NAME	Ω	4000207 9 6/12/0301010(1537 109 **	.u ⊧150.00	
NAME STREET ADDRESS	·		STREET ADDRESS		or in the case of	200	4.30, 53	
CITY-ST-ZIP			CITY-ST-ZIP TITLE					
TITLE			NAME	e e e e e e e e e e e e e e e e e e e	nga	, · · · · · · · · · · · · · · · · · · ·	المراجعة الم	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	. ,	DO NOT W	VRIT	E	
TITLE		, <u>* ,</u>	TITLE		IN THIS S	PAC	F	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	:				
TITLE NAME			TITLE NAME				1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE			TITLE	*******		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. 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 11 or on an attachment with an address, with all other like empowered.								
SIGNATURE: 6/5/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								



June 5, 2003

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I am enclosing the 2003 UBR for Kona Aviation, Inc. with payment of \$150.00.

Mr. Jeffrey Ruhl works in the Yacht Management Service Industry and travels extensively. He has just return to Florida and did not receive the 2003 UBR for Kona Aviation, Inc. I would like to ask that the late filing penalties be abated due to the extreme circumstances.

If you have any questions regarding this request, please do not hesitate to contact me.

Thank you for your consideration in this matter.

Respectfully yours,

Carole J Anderson

Executive Assistant -

Enclosures