

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90079 037 \*\*\*150.00

<b>DOCUMENT # P02000036094</b> 1. Entity Name <b>AAS AVIATION, INC.</b>			
Principal Place of Business <b>2525 PONCE DE LEON</b> <b>STE 650</b> <b>MIAMI, FL 33134</b>		Mailing Address <b>2525 PONCE DE LEON</b> <b>STE 650</b> <b>MIAMI, FL 33134</b>	
2. Principal Place of Business - No P.O. Box # <b>2525 PONCE DE LEON</b> Suite, Apt. #, etc. <b>STE 650</b> City & State <b>CORAL GABLES, FL</b> Zip _____ Country _____		3. Mailing Address <b>2525 PONCE DE LEON</b> Suite, Apt. #, etc. <b>STE 650</b> City & State <b>CORAL GABLES, FL</b> Zip _____ Country _____	
		02052007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>04-3632167</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>ROBERT C. OWENS, P. A.</b> <b>6630 SW 50TH TERRACE</b> <b>MIAMI, FL 33155</b>		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEIER, ARTHUR A</b> <b>225 PONCE DE LEON STE 650</b> <b>MIAMI, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEIER, ARTHUR A.</b> <b>2525 PONCE DE LEON STE 650</b> <b>CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/7/07</b> Daytime Phone #: <b>305 442 2999</b>	