2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI								1		FI	ET.	
DOCUMENT # P02000074402									DIVIS	CRETAR	LED Y OF JIA ORPORAT	11
1. Entity Name									01113	IUN OF (CORPORAT	างหร
J.A. AVIATION, INC.									07 c	CD :-		
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D :: 1 01	(5 -:			Mine Address								
Principal Place of Business Mailing Address ACOS FACT ATH AVENUE ACOS FACT ATH AVENUE												
4605 EAST 4TH AVENUE HIALEAH, FL 33013				4605 EAST 4TH AVENUE Hialeah, Fl. 33013								
TIMECRAL, LE 00010												
Principal Place of Business - No P.O. Box # Mailing Address										HI COM IBBN 0		
Critic Act III ata				Suite, Apt. #, etc.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07032007	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4, FEI Numb	er		Ap	plied For
,								01-073	2914		No	t Applicable
Zip	*	Country	1 4	Zip	Cour	ntry		5. Certificate	of Status Desired	П	\$8.75 Add	
					l <u>.</u>	· ·					Fee Required	d
6. Name and Address of Current Registered Agent Nam								7. Name and	Address of New I	registered	Agent	
ARELLANO, JOHNNY E												
4605 EAST 4TH AVENUE						Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH, FL 33013								·				
											,	
						City				FL	Zip Code	9
8. The above	named entit	y submits this statement t	or the p	ourpose of changing its	register	red office or re	egister	ed agent, or bo	th, in the State of F	orida. I am	familiar with,	and accept
	ions of regis											
SIGNATURE.												
SIGNATORIE	Signature, typed	or printed name of registered ager	t and title	it applicable. (NOT	E: Registeri	ed Agent signature	required	when reinstating)		DATE		
FILE NOW! U FEE IS \$150.00 9. Election Campaign Financing \$5.												
		! FEE IS \$150.00 otember 14, 2007		9. Election Campa Trust Fund Cont	-	~	Add	.00 May Be led to Fees	In accordance corporation did			
	ue by 00	·							<u> </u>			
10.	I	OFFICERS AND	DIREC		11.	$\overline{}$	<u>-</u> .		CHANGES TO OF			
TITLE	PD Delete ARELLANO, JOHNNY E								00109	747	Change	Addition
NAME ARELLANO, JOHNNY E STREET ADDRESS 4605 EAST 4TH AVENUE				NAME STREI				09/21/0701904004 **150.00				
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CITY-ST-ZIP			A	1////		Y-ST-ZIP	14	5711	0/0/			
	certify that th	ne information supplied wi	th/his/	iling does not quality to	or the ex	kemptions cor	ntaine	d in Chapter 11	9, Florida Statutes.	I further ce	ertify that the in	nformation
12. I hereby certify that the information supplied with his flip 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 compariting or the receiver or trustee employee fit to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if												
of the corporation or the receiver or trustee employeed 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: 4 9/4/07												
PIGNAI	UKE	SIGNATURE AND TYPED OF	RINTE	NAME OF SIGNING OFFICER	OR DIREC	CTOR			Date		Daytime Phone #	
L	/_											