


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90178 045 \*\*\*150.00

<b>DOCUMENT # P03000040441</b>					
<b>1. Entity Name</b> NORTHSTAR AVIATION, INC.					
<b>Principal Place of Business</b> 800 W. CYPRESS CREEK RD. #470 FT LAUDERDALE, FL 33309			<b>Mailing Address</b> 800 W. CYPRESS CREEK RD. #470 FT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business - No P.O. Box #</b> 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. #465 City & State FT LAUDERDALE, FL Zip Country 33309 US			<b>3. Mailing Address</b> 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. #465 City & State FT LAUDERDALE, FL Zip Country 33309 US		
<b>4. FEI Number</b> 54-2106841		<b>Applied For</b> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LEGEL, LARRY 800 W. CYPRESS CREEK RD. #470 FT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE <u>Larry Legel</u> DATE <u>2.16.7</u> <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>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFINA, JOSEPH 9 FIESTA WAY FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LECEL, LARRY 800 W CYPRESS CREEK RD. #470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> <u>Larry Legel</u> <u>LARRY LEGEL, PRESIDENT</u> <u>2.16.7</u> <u>954 4938900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					