

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90182 036 ***150.00

DOCUMENT # P03000040441

1. Entity Name
NORTHSTAR AVIATION, INC.



Principal Place of Business
**800 W. CYPRESS CREEK RD
#465
FORT LAUDERDALE, FL 33309**

Mailing Address
**800 W. CYPRESS CREEK RD
#465
FORT LAUDERDALE, FL 33309**

40095515



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-P CR2E034 (12/06)

4. FEI Number
54-2106841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGAL, LARRY
800 W. CYPRESS CREEK RD.
#470
FT LAUDERDALE, FL 33309**

Name
LEGAL, LARRY
Street Address (P.O. Box Number is Not Acceptable)

800 W. CYPRESS CREEK RD... #465
City **FT. LAUDERDALE** **FL** Zip Code **33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SAFINA, JOSEPH**
STREET ADDRESS **9 FIESTA WAY**
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **LEGAL, LARRY**
STREET ADDRESS **800 W CYPRESS CREEK RD, #470**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Larry Legal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY LEGAL PRES

4.29.8 954 9938900

Date

Daytime Phone #