2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048559

1. Entity Name
AVIATION INSURANCE ADVISORS INC

Principal Place of Business	Mailing Address
20075 SW 132 AVENUE MIAMI, FL 33177	20075 SW 132 AVENUE MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

04052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1184796	Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVARRIA, LINNETTE
20075 SW 132 AVENUE
MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECHEVARRIA, LINNETTE
STREET ADDRESS	20075 SW 132 AVENUE
CITY-ST-ZIP	MIAMI, FL 33177

TITLE	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/2/05   305-251-0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #