2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P03000048559

Entity Name: AVIATION INSURANCE ADVISORS INC

Current Principal Place of Business:

6787 SW 53RD ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-4493
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1184796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECHEVARRIA, LINNETTE
6787 SW 53RD ST
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ECHEVARRIA, LINNETTE
Address: 20075 SW 132 AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ECHEVARRIA, LINNETTE
Address: 6787 SW 53 STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINNETTE ECHEVARRIA PRES 05/02/2007

Electronic Signature of Signing Officer or Director Date