

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000051277					
1. Entity Name ALOHA AVIATION INC.					
Principal Place of Business 2940 NORTH COURSE DRIVE #201 POMPANO BEACH, FL 33069 US			Mailing Address 2940 NORTH COURSE DRIVE #201 POMPANO BEACH, FL 33069 US		
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	4. FEI Number 01-0781441	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For: Not Applicable	
6. Name and Address of Current Registered Agent MALIN, STEPHEN 2940 NORTH COURSE DRIVE #201 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MALIN, STEPHEN STREET ADDRESS 2940 NORTH COURSE DRIVE #201 CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		TITLE P NAME Robert C. Buschel STREET ADDRESS 401 SW 4 Ave Suite 304 CITY-ST-ZIP FT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MALIN, STEPHEN STREET ADDRESS 2940 NORTH COURSE DRIVE #201 CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		TITLE VP NAME TONY DUBOSE STREET ADDRESS 7890 Peters Rd Suite 6-107 CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MALIN, STEPHEN STREET ADDRESS 2940 NORTH COURSE DRIVE #201 CITY-ST-ZIP POMPANO, FL 33069	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 600104981576 06/26/07--01035--018 **70.00		
TITLE T NAME MALIN, STEPHEN STREET ADDRESS 2940 NORTH COURSE DRIVE #201 CITY-ST-ZIP POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Stephen Malin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-12-2007 9544899681 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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