2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054944

Entity Name: RVS AVIATION CORPORATION

FILED Apr 15, 2009 Secretary of State

y		William Cold Clothold				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
AVENIDA JD. ARICA	RIO DAS PE ANDUVA	DRAS, 552				
	LO, BR 0345	2 BR				
Current Mailing Address:			New Mailir	New Mailing Address:		
	OOVAL & ASS LY COURT , FL 33331	SOCIATES US	PO BOX 26 WESTON,			
FEI Number	: 20-0054005	FEI Number Applied For ()	FEI Number Not Appli	cable () Ce	ertificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent	: Name and	Name and Address of New Registered Agent:		
4069 HOLI	AL & ASSOCI LY COURT , FL 33331	ATES INC US				
The above in the State	named entity e of Florida.	y submits this statement for t	the purpose of changing it	s registered offic	e or registered agent, or both,	
SIGNATUR	RE:					
		onic Signature of Registered	Agent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ROMAO, REC JD. ARICAND		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	DA FONSECA RUA DOURAI	() Delete A, ROGERIO E DOS 81 APT 62 OS CAMPOS, SP 00000 BR	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	S (SANDOVAL, 4069 HOLLY WESTON, FL	COURT	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name:	ELSAS, FABI	O Delete	Title: Name:	T (X) Ch	nange () Addition	

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.

City-St-Zip:

ARICANDUVA, BR BR

SIGNATURE: JAIRO A SANDOVAL S 04/15/2009

ARICANDUVA, SAO PAULO, BR 00000

City-St-Zip: