## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000133047

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

POMPANO BEACH, FL 33609 US

() Delete

JULIAN, JOYCÉ

1961 SW 53RD AVE.

PLANTATION, FL 33069 US

FILED Feb 01, 2005 Secretary of State

Entity Nar	ne: ALOHA AVIA	TION SALES INC					
Current Principal Place of Business:				New Principal Place of Business:			
2940 NOR <sup>3</sup>	TH COURSE DR.						
	) BEACH, FL 3306	69 US					
Current Mailing Address:				New Mailing Address:			
2940 NOR <sup>3</sup>	TH COURSE DR.						
	BEACH, FL 3306	69 US					
FEI Number:	02-0711952 FE	El Number Applied Fo	or ( ) FEI Nui	mber Not Appl	icable ( )	Certificate of Status Des	sired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
201 POMPANC The above	TH COURSE  DEACH, FL 330  named entity subnerof Florida.		for the purpose o	of changing i	ts registere	d office or registered agei	nt, or both,
		ignature of Registe	ered Agent			Date	
Election Can	npaign Financing Tru	st Fund Contribution	ı (   ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () Dele JULIAN, JOYCE 1691 SW 53RD AVE PLANTATION, FL 33	<u>.</u>		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition JGLAS G 9TH COURT FL 33063 US	
Title: Name: Address: City-St-Zip:	VP () Dele MALIN, STEPHEN 2940 NORTH COUR POMPANO BEACH,	SE DR. 201		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition EPHEN TH COURSE DR. 201 BEACH, FL 33609 US	
Title: Name: Address:	S () Dele MALIN, STEPHEN 2940 NORTH COUR			Title: Name: Address:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN MALIN 02/01/2005 Τ

(X) Change ( ) Addition

LURVEY, STÈVEN

3406 BARTON ROAD

POMPANO BEACH, FL 33062 US