

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133047

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ALOHA AVIATION SALES INC.

## Current Principal Place of Business:

2940 NORTH COURSE DR.  
201  
POMPANO BEACH, FL 33069 US

## Current Mailing Address:

2940 NORTH COURSE DR.  
201  
POMPANO BEACH, FL 33069 US

## New Principal Place of Business:

2940 NORTH COURSE DR.  
202  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

2940 NORTH COURSE DR.  
202  
POMPANO BEACH, FL 33069 US

FEI Number: 02-0711952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALIN, STEPHEN  
2940 NORTH COURSE  
201  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

MALIN, STEPHEN  
2940 NORTH COURSE  
202  
POMPANO BEACH, FL 33069 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRAMER, PAUL S  
Address: 4800 QUEEN PALM LANE  
City-St-Zip: TAMARAC, FL 33319 US

Title: T ( ) Delete  
Name: MALIN, STEPHEN  
Address: 2940 NORTH COURSE DR. 201  
City-St-Zip: POMPANO BEACH, FL 33609 US

Title: S (X) Delete  
Name: MALIN, STEPHEN  
Address: 2940 NORTH COURSE DR.  
City-St-Zip: POMPANO BEACH, FL 33609 US

Title: VP (X) Delete  
Name: MALIN, MARLENE R  
Address: 2940 NORTH COURSE DRIVE # 201  
City-St-Zip: POMPANO BEACH, FL 33069 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: MALIN, STEPHEN  
Address: 2940 NORTH COURSE DRIVE # 202  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SV (X) Change ( ) Addition  
Name: MALIN, STEPHEN  
Address: 2940 NORTH COURSE DR. 202  
City-St-Zip: POMPANO BEACH, FL 33609 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHEN MALIN

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date