

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026522

FILED
Mar 16, 2009
Secretary of State

Entity Name: AVIATOR CAR LEASING, INC.

Current Principal Place of Business:

4828 N KINGS HWY BOX 409
FT PIERCE, FL 34951

New Principal Place of Business:

2700 N HIGHWAY A1A
APT #204
FT PIERCE, FL 34949

Current Mailing Address:

4828 N KINGS HWY BOX 409
FT PIERCE, FL 34951

New Mailing Address:

2700 N HIGHWAY A1A
APT #204
FT PIERCE, FL 34949

FEI Number: 20-2370586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL
3800 ST LUCIE BLVD
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

COHEN, MICHAEL
2700 N HIGHWAY A1A
APT #204
FORT PIERCE, FL 34949 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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: COHEN, MICHAEL
Address: 4828 N KINGS HWY BOX 409
City-St-Zip: FT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: COHEN, MICHAEL
Address: 2700 N HIGHWAY A1A, APT #204
City-St-Zip: FT PIERCE, FL 34949

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: MICHAEL COHEN

PVS

03/16/2009

Electronic Signature of Signing Officer or Director

Date