2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 30, 2007 8:00 am Secretary of State **DOCUMENT # P05000122413** 07-30-2007 90064 033 ***150.00 KC PERSONAL AVIATION, INC. Principal Place of Business Mailing Address ~~~~~~~~~ 7849 CORAL BLVD 7849 CORAL BLVD MIRAMAR, FL 33023 MIRAMAR, FL 33023 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5230 SW 26 Ave 5230 sw 26 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 06182007 Chg-P CR2E034 (12/06) 4. FEI Number City & State Applied For Ft. Laududale F1 I Canderdale El 20-4654812 Not Applicable Zip 33 \$8.75 Additional ountry LDSA 5. Certificate of Status Desired 33312 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 Zip Code Caudy dale 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition Herenander. Kenneth & HERNANDEZ, KENNETH A NAME NAME 6230 SW 26 AVE STREET ADDRESS STREET ADDRESS 7849 CORAL BLVD Ft. Landudale, FI 33312 CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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