

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104640

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: MIAMI HELICOPTER SERVICES, CORP.

## Current Principal Place of Business:

13500 SW 72 AVENUE  
MIAMI, FL 33156 US

## New Principal Place of Business:

## Current Mailing Address:

13500 SW 72 AVENUE  
MIAMI, FL 33156 US

## New Mailing Address:

FEI Number: 20-5366795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VILLEGAS, FRANCISCO J CPA  
100 ALMERIA AVENUE  
200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

JONES, KENYON S  
13500 SW 72 AVE  
MIAMI, FL 33156 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: KENYON S. JONES

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: JONES, KENYON S  
Address: 13500 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: SECY ( ) Delete  
Name: JONES, KENYON S  
Address: 13500 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

Title: DIR ( ) Delete  
Name: JONES, KENYON S  
Address: 13500 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KENYON S. JONES

PRES

02/20/2009

Electronic Signature of Signing Officer or Director

Date