


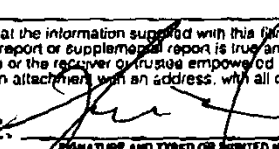
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MARK B GOLDSTEIN/TITLE 1

ZU08 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90107 033 ***158.75

DOCUMENT # P07000134026			
1. Entity Name JJZ AIRCRAFT SALES, INC.			
Principal Place of Business 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431		Mailing Address 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3445 Stratford Rd NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 3703	
City & State		City & State Atlanta GA	
Zip	Country	Zip	Country
		30326	US
4. FEI Number		Applied For	
26-1685736		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		X	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDSTEIN LAPAYOWKER, LLP 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____			
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JOSHUA	NAME	
STREET ADDRESS	6818 PORTSIDE DR	STREET ADDRESS	3445 Stratford Rd NE #3703
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	Atlanta GA 30326
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 807, 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.			
SIGNATURE: 		Joshua Lloyd 4/18/08 261-445-8140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	