

FILED

03 MAY 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P95000046387

1. Entity Name
BOOMERANG AVIATION CORP.

55030180

Principal Place of Business
6175 N.W. 153RD. ST.
SUITE 312
MIAMI LAKES, FL 33014 USMailing Address
6175 N.W. 153RD. ST.
SUITE 312
MIAMI LAKES, FL 33014 US2. Principal Place of Business
605 S.W. 77th WAY
HANGAR #1
PEMBROKE PINES FL3. Mailing Address
3074 LAKEWOOD Cir
SUITE, Apt. #, etc.
WESTON FLCity & State
PEMBROKE PINES FL
Zip
33023
CountyCity & State
WESTON FL
Zip
33332
County

CHECK HERE IF MAKING CHANGES

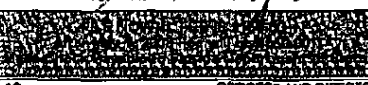
4. FEI Number
65-0583856
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent
EVANS, SHELDON P.A.
6175 N.W. 153RD. ST.
SUITE 312
MIAMI LAKES, FL 330147. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3074 LAKEWOOD CIRCLE
City WESTON FL Zip Code 33332

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 *Sheldon Evans*

(NOTE: Registered Agent Signature Required)

4/19/03

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DPT	THOMSON, JOHN D	6175 NW 153RD STREET SUITE 312	MIAMI LAKES, FL 33014	
DVS	THOMSON, PAULA G	6175 NW 153RD STREET SUITE 312	MIAMI LAKES, FL 33014	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
		605 S.W. 77 th WAY HANGAR #1	PEMBROKE PINES FL 33023	
		605 SW 77 th WAY HANGAR #1	PEMBROKE PINES FL 33023	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *John Thomson*

4-10-03 (754) 903-1151

PRESIDENT

71 5/30