FILED

03 MAY 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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06/04/03--01034--001 **2700.00

DOCUMENT # P95000046387

1. Entity Name
BOOMERANG AVIATION CORP.

Principal Place of Business	Mailing Address
6175 N.W. 153RD. ST. SUITE 312 MIAMI LAKES, FL 33014 US	6175 N.W. 153RD. ST. SUITE 312 MIAMI LAKES, FL 33014 US

2. Principal Place of Business	3. Mailing Address
605 S.W. 77th WAY	3074 LAKEWOOD Cir
Suite, Apt. #, etc. HANGAR #1	Suite, Apt. #, etc.
City & State PEMBROKE PINES FL	City & State WESTON FL
Zip 33023 Country	Zip 33332 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0583958 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, SHELDON P.A.
6175 N.W. 153RD. ST.
SUITE 312
MIAMI LAKES, FL 33014

7. 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 — 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 DPT NAME THOMSON, JOHN D STREET ADDRESS 6175 SW 153RD STREET SUITE 312 CITY-ST-ZIP MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS 605 S.W. 77th WAY HANGAR #1 CITY-ST-ZIP PEMBROKE PINES FL 33023 ☒ Change ☐ Addition
TITLE DVS NAME THOMSON, PAULA G STREET ADDRESS 6175 NW 153RD STREET SUITE 312 CITY-ST-ZIP MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS 605 SW 77th WAY HANGAR #1 CITY-ST-ZIP PEMBROKE PINES FL 33023 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 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.

SIGNATURE: JOHN THOMSON J Thomson — 4-10-03 (954) 983-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT

J1 5/30