

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90230 003 ***150.00

DOCUMENT # P95000080775

1. Entity Name
H AVIATION, INC.



Principal Place of Business
450 E. LAS OLAS BLVD
STE 1500
FORT LAUDERDALE, FL 33301

Mailing Address
450 E. LAS OLAS BLVD
STE 1500
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0642146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE.
27TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUIZENG, H.WAYNE JR
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VT
NAME	BRANDEN, CRIS V
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	S
NAME	HANDLEY, RICHARD L
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: Cris V. Branden 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #