

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90193 022 ***150.00

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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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
65-0642146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Service U.S.A., Inc
450 E. Las Olas Blvd.
Suite 1500
Ft. Lauderdale, FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 Delete
NAME: HUIZENGA, H. WAYNE JR
STREET ADDRESS: 450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP: FORT LAUDERDALE, FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE: VT Delete
NAME: BRANDEN, CRIS V
STREET ADDRESS: 450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP: FT. LAUDERDALE, FL 33301

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: S Delete
NAME: HANDLEY, RICHARD L
STREET ADDRESS: 450 E. LAS OLAS BLVD., STE 1500
CITY-ST-ZIP: FT. LAUDERDALE, FL 33301

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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:

Criss V. Branden

4/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #