2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P9600000444 04-30-2008 90193 026 ***150 00 HANGAR OPERATIONS COMPANY, INC. 11UVV~ Mailing Address Principal Place of Business 450 E. LAS OLAS BLVD 450 E. LAS OLAS BLVD STF 1500 STE 1500 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01072008 Chg-P City & State 4. FEI Number Applied For City & State 65-0639479 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Service U.S.A., Inc. AMEICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE 450 E. Las Olas Blvd. 27TH FLOOR **Suite 1500** MIAMI, FL 33131 Ft. Lauderdale, FL 33301 Zip Code 8. The above named entity submits initial tatement 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 Branden, SIGNATURE Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition DP TITLE TITLE Delete NAME HUIZENGA, H. WAYNE JR NAME STREET ADORESS 450 E. LAS OLAS BLVD., 15 FLOOR STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP CITY+ST-7IP ☐ Change ☐ Addition VT □ Defete TITLE BRANDEN, CRIS V NAME 450 E. LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HANDLEY, RICHARD L NAME 450 E. LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP CITY+ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE 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 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.

FILED

Daytime Phone #