

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 014 ***150.00

DOCUMENT # P96000041103 ✓

1. Entity Name

K.F.H. AVIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 AIRPORT Ave.

3. Mailing Address

708 GUILD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice, FL.

City & State

Venice, FL.

4. FEI Number

65-0671630

Applied For

Not Applicable

Zip

34285

Country

Zip

34285

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

~~FRANK HOFFMANN~~ ROBERT M. GAFF

Street Address (P.O. Box Number is Not Acceptable)

708 GUILD DR.

City

Venice

FL

Zip Code

34285

**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.

SIGNATURE

[Signature] ROBERT M. GAFF, DIRECTOR

4/22/02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	FRANK HOFFMANN	TRENTTEL MOORWEG 36F	D-31228 Peine, Germany				
Vice President	KATRIN HOFFMANN	TRENTTEL MOORWEG 36F	D-31228 Peine, Germany				
DIRECTOR	ROBERT M. GAFF	708 GUILD DR.	Venice, FL, 34285				

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ROBERT M. GAFF

4/22/02
Date

(941) 485-0441
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)