

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050874

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: AVIATION INSURANCE SERVICES (AMERICAS), INC.

## Current Principal Place of Business:

14221 SW 120TH ST, STE 115  
MIAMI, FL 33186 US

## New Principal Place of Business:

## Current Mailing Address:

14221 SW 120TH ST, STE 115  
MIAMI, FL 33186 US

## New Mailing Address:

FEI Number: 86-0874842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARVIS & ASSOCIATES, P.A.  
283 CATALONIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HILL, RONALD A  
Address: 9515 HILLWOOD DR  
City-St-Zip: LAS VEGAS, NV 891340527

Title: ST ( ) Delete  
Name: HECKART, TERESA K  
Address: 9515 HILLWOOD DR  
City-St-Zip: LAS VEGAS, NV 891340527

Title: P ( ) Delete  
Name: WILLER, WILLIAM F  
Address: 12515 N. KENDALL DRIVE, SUITE 306  
City-St-Zip: MIAMI, FL 33186

Title: SVP ( ) Delete  
Name: BONNER, JOHN F  
Address: 12515 N. KENDALL DRIVE, SUITE 306  
City-St-Zip: MIAMI, FL 33186 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WILLER, WILLIAM F  
Address: 14221 SW 120 ST., STE. 115  
City-St-Zip: MIAMI, FL 33186

Title: SVP (X) Change ( ) Addition  
Name: BONNER, JOHN F  
Address: 14221 SW 120 ST., STE. 115  
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. WILLER

P

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date