

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025164

Entity Name: AVIATION SOLUTIONS, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4471 N.W. 36TH ST., #243
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

4471 N.W. 36TH ST., #243
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0821644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALMERINI, JORGE
4471 N.W. 36TH ST., #243
MIAMI, FL 33166 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: P () Delete
Name: ALMERINI, JORGE
Address: 888 BRICKELL KEY DRIVE # 1501
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: ALMERINI, FABIOLA
Address: 400 ALTON ROAD APT 1709
City-St-Zip: MIAMI BEACH, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALMERINI, JORGE
Address: 540 BRICKELL KEY DR. APT 506
City-St-Zip: MIAMI, FL 33131

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

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: JORGE ALMERINI

PRES

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date