

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000078789

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** ALLAVIATION WEST COAST, INC.

**Current Principal Place of Business:**

4795 INNISFIL ST  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

4795 INNISFIL ST  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3599543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BOB HUDSON  
4795 INNISFIL ST  
PALM HARBOR, FL 34683 US

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: ROBERT F HUDSON

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KRAFT, NICKOLAS J  
Address: 4795 INNISFIL ST.  
City-St-Zip: PALM HARBOR, FL 34683

Title: VSTD  
Name: COLLINS, DOTTIE L  
Address: 4795 INNISFIL ST.  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: NICK KRAFT

MR

01/31/2011

Electronic Signature of Signing Officer or Director

Date