FILED Mar 17, 2008 08:00 Al Secretary of State

| ANNUAL REPORT | | | | |
|-------------------|---|--|--|--|
| DOCUMENT # V69807 | | | | |
| 1. Entity Name | ١ | | | |

PROFESSIONAL AVIATION MANAGEMENT, INC. Principal Place of Business

Mailing Address 7270 N.W. 12TH STREET

7270 N.W. 12TH STREET

SUITE 680

MIAMI, FL 33126 US

SUITE 680 MIAMI, FL 33126



No Chg-P CR2E034 (11/05) 4. FEi Number 65-0377360

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

GARTLAN, PAUL V

DO NOT WRITE

| 7270 NW 1 SUITE 680 MIAMI, FL | | | | IN | . 1 3m. | SPACE | |
|---------------------------------------|--|--|--------------------|-----------------------------|--------------------|--|--|
| the obligati | named entity submits this statement for the prions of registered agent. Signature, typed or printed name of registered agent and title if | | d office or regist | | ooth, in the State | e of Florida I am fi | amiliar with, and accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | 5.00 May Be ided to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | SVPT GARTLAN, PAUL V. 7270 NW 12TH STREET, SUITE #680 MIAMI, FL 33126 | | | | ,04,702. | 0000860554 708-80067- | 004, 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | a *. | profession of | | | Since State of the |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | : | | DC |) NOT | WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS | SPACE | and the second of the second o |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | The same of the sa | |

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP