


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 676077	
1. Entity Name EMBRAER AIRCRAFT CUSTOMER SERVICES, INC.	

Principal Place of Business 276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315	Mailing Address 276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2046981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPULAK, GARY J 276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MALLACO, EDSON CARLOS 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRARI, CESAR F 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZARRO MANSO, ANTONIO LUIZ 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPULAK, GARY J 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURY, FREDERICO P 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUTINHO, ARTUR A V. 276 SW 34TH STREET FORT LAUDERDALE, FL 33315

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR F. CARRARI JANUARY 07, 2005 954-3593431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #