

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90198 037 \*\*\*158.75

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<b>DOCUMENT # 676077</b> 1. Entity Name <b>EMBRAER AIRCRAFT CUSTOMER SERVICES, INC.</b>					
Principal Place of Business <b>276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315</b>			Mailing Address <b>276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2046981</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPULAK, GARY J 276 S.W. 34TH STREET FORT LAUDERDALE, FL 33315</b>				7. Name and Address of New Registered Agent Name <b>FABIO F. CUNHA</b> Street Address (P.O. Box Number is Not Acceptable) <b>276 S.W. 34<sup>th</sup> ST</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33315</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MALLACO, EDSON CARLOS</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALLACO, EDSON CARLOS</b> <b>276 S.W. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CARRARI, CESAR F</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CUNHA, FABIO F.</b> <b>276 SW. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIZARRO MANSO, ANTONIO LUIZ</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDCOO</b> <b>LINA, JOHN</b> <b>276 S.W. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPULAK, GARY J</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUES, MARCELO B.</b> <b>276 S.W. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEURY, FREDERICO P</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CURADO, FREDERICO F.</b> <b>276 S.W. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COUTINHO, ARTUR A V.</b> <b>276 SW 34TH STREET</b> <b>FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FM</b> <b>APPLETON, CHRISTOPHER</b> <b>276 S.W. 34<sup>th</sup> ST</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	