


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 016 ***150.00

DOCUMENT # F0100000813					
1. Entity Name AVIATION EQUIPMENT RESOURCES, INC.					
Principal Place of Business 7230 FULTON AVENUE NORTH HOLLYWOOD, CA 91605			Mailing Address 7230 FULTON AVENUE NORTH HOLLYWOOD, CA 91605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-4595651	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FINN, ROBERT 129 6TH AVENUE NORTH SAFETY HARBOR, FL 34695				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROOKE, WILLIAM I		NAME		
STREET ADDRESS	7230 FULTON AVENUE		STREET ADDRESS		
CITY - ST - ZIP	NORTH HOLLYWOOD, CA 91605		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRSHENBAUM, WILLIAM B		NAME	ROOKE, WILLIAM	
STREET ADDRESS	7230 FULTON AVENUE		STREET ADDRESS	7230 FULTON AVE.	
CITY - ST - ZIP	NORTH HOLLYWOOD, CA 91605		CITY - ST - ZIP	NORTH HOLLYWOOD, CA 91605	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, JAMES W		NAME		
STREET ADDRESS	7230 FULTON AVENUE		STREET ADDRESS		
CITY - ST - ZIP	NORTH HOLLYWOOD, CA 91605		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: <i>William I. Rooke</i>		Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/20/06	
				Daytime Phone #: 818-982-6700	