


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 025 ***158.75

DOCUMENT # F02000005828	
1. Entity Name EMBRAER ENGINEERING SERVICES, INC.	

Principal Place of Business 4600 E PARK DRIVE SUITE 200 PALM BEACH GARDENS, FL 33410 US	Mailing Address 276 SW 34TH STREET FORT LAUDERDALE, FL 33315 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03222004	Chg-P	CR2E034 (10/03)
4. FEI Number 16-1639164	Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. 28TH FLOOR MIAMI, FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZARRO MANSO, ANTONIO LUIZ	NAME	
STREET ADDRESS	276 S.W. 34TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKOTA, SATOSHI	NAME	
STREET ADDRESS	276 S.W. 34TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRARI, CESAR F	NAME	
STREET ADDRESS	276 S.W. 34TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	MDCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERIE, IAN FRASER	NAME	
STREET ADDRESS	4600 E PARK DRIVE, STE 200	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPULAK, GARY J	NAME	
STREET ADDRESS	276 SW 34TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	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 exemption stated in Section 119.07(3)(f), 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:  **CE SAR F. CARRARI** *April 02, 2004 (954) 359-3401*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #