


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # K64726
 1. Entity Name
 AVIATION INSTRUMENTS REPAIR SPECIALISTS, INC



Principal Place of Business Mailing Address
 665 MOKENA DRIVE, STE 104 665 MOKENA DRIVE, STE 104
 MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166

DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0102026 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EDUARTEZ, JOSE A.
 940 88 ST
 SURFSIDE, FL 33154

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMOS, ROBERT
STREET ADDRESS	205 E. SAN MARINO DR
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	PTD
NAME	EDUARTEZ, JOSE A.
STREET ADDRESS	940 88 ST
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	VSD
NAME	RAVELO, OSCAR
STREET ADDRESS	601 SW 178 WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-80060-014 150.00

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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: JOSE A. EDUARTEZ Date: 1/21/05 (305) 887-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #