


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # K64726 1. Entity Name AVIATION INSTRUMENTS REPAIR SPECIALISTS, INC	
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Principal Place of Business 665 MOKENA DRIVE, STE 104 MIAMI SPRINGS, FL 33166	Mailing Address 665 MOKENA DRIVE, STE 104 MIAMI SPRINGS, FL 33166
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0102026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U800000789318 01/22/08-80020-015 150.00
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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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IN THIS SPACE

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 another like empowered.

SIGNATURE: JOSE A. EDUARTEZ Date: 1/15/08 Daytime Phone #: 305 887-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR