


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # M57917**  
 1. Entity Name  
**AVIATION ENGINE SERVICE, INC.**



Principal Place of Business      Mailing Address  
**8050 NW 90 ST**                      **8050 NW 90 ST**  
**MEDLEY, FL 33166 US**              **MEDLEY, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



05112006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0005524</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**GALVAN, GUILLERMO H.**  
**8050 NW 90 ST**  
**MEDLEY, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

000000564692  
 05/20/06-80083-002 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALVAN, GUILLERMO H. 8472 NW 168 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOSCALZO, MARIA E 8050 NW 90TH ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 all other officers empowered.

**SIGNATURE:** \_\_\_\_\_ **5/10/06** **305-477-7771**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone