
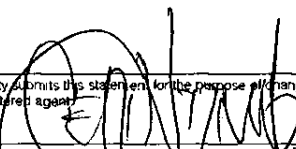


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000106757</b>			
1. Entity Name <b>AAA AERONAUTICAL EXCHANGE INC.</b>			
Principal Place of Business 3209 S SEMORAN BLVD. # 69 ORLANDO, FL 32822		Mailing Address 3209 S SEMORAN BLVD. # 69 ORLANDO, FL 32822	
2. Principal Place of Business <b>10905 Lanesboro Ct</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Same</b>	
City & State <b>Orlando, FL</b>		City & State <b>Same</b>	
Zip <b>32825</b>	Country <b>Orange</b>	Zip —	Country —
4. FEI Number <b>59-3682974</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent <b>JARAMILLO, CESAR AUGUSTO 853 WOLFE BROOK TERR. APT. 407 WINTER PARK, FL 32792</b>		7. Name and Address of New Registered Agent Name <b>Cesar Augusto Jaramillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>10905 Lanesboro Ct</b> City <b>Orlando</b> FL Zip Code <b>32825</b>	
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 <b>04/21/03</b>	
SIGNATURE TYPE OR PRINT NAME OF REGISTERED AGENT (NOTE: Registered Agent signature required when necessary)		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Funds 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JARAMILLO, CESAR AUGUSTO</b> <b>3209 S SEMORAN BLVD.</b> <b>ORLANDO, FL 32822</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jaramillo, Cesar Augusto</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10905 Lanesboro Ct</b> <b>Orlando, FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TABARES, MARTHA ISABEL</b> <b>3209 S SEMORAN BLVD.</b> <b>ORLANDO, FL 32822</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: <b>4/21/03</b> (407) 658-0032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

70050966



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)