


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -7 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016908 1. Entity Name BAHIA HONDA AVIATION, INC.	
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Principal Place of Business 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	Mailing Address 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE. SUITE 221 MIAMI, FL 33175	

7. Name and Address of New Registered Agent	
Name A&A Registered Agent, Inc.	<input type="checkbox"/> Applied For
Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Avenue	<input type="checkbox"/> Not Applicable
Suite Suite 221	
City Miami	State FL
	Zip Code 33175

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 *Grete Rodriguez* **Grete Rodriguez President 4/7/04** DATE

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	ADRIAN, PEDRO J
STREET ADDRESS	2450 SW 137TH AVE., SUITE 228
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900037947413
STREET ADDRESS	06/14/04--01082--001 **150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 employment.

SIGNATURE *Adrian Pedro J* _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR