

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

02-09-2004 90053 009 ****61.25
P03000039744


FILED

04 FEB 19 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292004 Chg-P CR2E034 (10/03)

| | | | | | |
|---|--------------------------|--|---|---|-----------------------------------|
| DOCUMENT # P03000039744 | | | |  | |
| 1. Entity Name ABA S.L.M. AVIATION RESOURCES, INC. | | | | | |
| Principal Place of Business 8356 NW 74TH AVE MEDLEY, FL 33166 | | Mailing Address 83556 NW 74TH AVE MEDLEY, FL 33166 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 05-0566301 | |
| Zip | | Country | | 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 | | | 7. Name and Address of New Registered Agent | | |
| REYNOLD, DUCLAS 701 PROMENADE DR STE 210 PEMBROKE PINES, FL 33026 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: <i>Reynold Duclas</i> | | Signature of Registered Agent | | DATE: 1/29/04 | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARCIA, LOURDES | | NAME | | |
| STREET ADDRESS | 8346 NW S RIVER DR BAY K | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARCIA, MIGDALIA | | NAME | | |
| STREET ADDRESS | 8346 NW S RIVER DR BAY K | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARCIA, PEDRO | | NAME | | |
| STREET ADDRESS | 8346 NW S RIVER DR BAY K | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 empowered. | | | | | |
| SIGNATURE: <i>Garcia Lourdes</i> | | Signature of Officer or Director | | DATE: January 29, 2004 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

305-915-4751