

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039744

FILED
Jan 27, 2006
Secretary of State

Entity Name: ABA AVIATION RESOURCES, INC.

Current Principal Place of Business:

7774 NW 46 STREET
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

7774 NW 46 STREET
DORAL, FL 33178

New Mailing Address:

FEI Number: 05-0566301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLD, DUCLAS
701 PROMENADE DR STE 210
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, LOURDES
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: GARCIA, MIGDALIA
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA ROGRIGUEZ, LOURDES
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REYNOLD DUCLAS

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01/27/2006

Electronic Signature of Signing Officer or Director

_____ Date