


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90005 007 \*\*\*150.00

DOCUMENT # P04000097861			
1. Entity Name LPG AIRCRAFT PARTS, INC.			
Principal Place of Business 555 NE 15 STREET VENETIA SUITE 15F MIAMI, FL 33132		Mailing Address 555 NE 15 STREET VENETIA SUITE 15F MIAMI, FL 33132	
2. Principal Place of Business 2801 NE 183 Rd St. Suite, Apt. #, etc. 1105		3. Mailing Address 2801 NE 183 Rd St. Suite, Apt. #, etc. 1105	
City & State Aventura FL		City & State Aventura	
Zip 33160		Country USA	
6. Name and Address of Current Registered Agent CHAVEZ, LILIANA Q 555 NE 15 STREET VENETIA SUITE 15F MIAMI, FL 33132		7. Name and Address of New Registered Agent Name JUAN P. ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 2801 NE 183 Rd. St. No. 1105 City Aventura FL Zip Code 33160	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ, LILIANA 555 NE 15 STREET VENETIA MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JUAN P. ALVAREZ 2801 NE 183 Rd. St. NO 1105 Aventura, FL. 33160 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAUTIZTA, HUGO J 555 NE 15 STREET VENETIA MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARIA A. REVENGA 2801 NE 183 Rd St. NO 1105 Aventura, FL. 33160 <input type="checkbox"/> Change <input checked="" 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
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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 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 like empowered.			
SIGNATURE		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	