


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000150101</b> 1. Entity Name CAPE AEROSPACE REPAIR SERVICES, INC.	
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Principal Place of Business 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909	Mailing Address 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3918017	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000774943 01/08/08-80009-006 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMS, MARC O 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRAMS, MARC J 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAMS, TROY J 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRAMS, CHARLENE A 2634 NE 9TH AVE., SUITE 5 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Marc O. Abrams 1-4-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #