2005 FOR PROFIT CORPORATION

SIGNATURE:

Feb 28, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P99000091816 02-28-2005 90191 025 ***150.00 1. Entity Name LUMÁR AVIATION INC. Principal Place of Business Mailing Address 2684 W 79TH STREET 2684 W 79TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 No Chg-P CR2E034 (10/03) 01182005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0954939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CESTINO, LUIS CONDOM DO NOT WRITE 4910 SW 173 WAY FT LAUDERDALE, FL 33331 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME CESTINO, LUIS CONDOM 4910 SW 173 WAY STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33331 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE 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 empowered. Luis C. Cestino

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #