


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S41637
1. Entity Name
OVERSEAS AIRCRAFT PARTS, INC.



| | |
|---|---|
| Principal Place of Business 6601 LYONS RD SUITE G-4 COCONUT CREEK, FL 33073 US | Mailing Address 6601 LYONS RD SUITE G-4 COCONUT CREEK, FL 33073 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0251587 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
ZASLOW, JEFFREY
6601 LYONS ROAD
STE G-4
COCUNUT CREEK, FL 33073

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

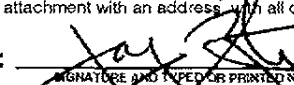
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000027309
02/02/04-80041-015 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P ZASLOW, JEFFREY 10475 NW 69TH MANOR PARKLAND, FL |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V CABEL, JEFFREY 6234 NW 75TH WAY PARKLAND, FL |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/4/04 Daytime Phone #: 954-421-8771