


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0251587** Applied For \_\_\_\_\_  
 Not Applicable \_\_\_\_\_  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 ZASLOW, JEFFREY  
 6601 LYONS ROAD  
 STE G-4  
 COCONUT 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

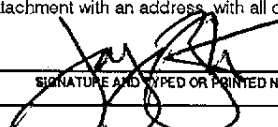
10. OFFICERS AND DIRECTORS

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

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/15/05 Daytime Phone #: 954-421-8771