

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S41637**

1. Entity Name  
**OVERSEAS AIRCRAFT PARTS, INC.**



Principal Place of Business  
**730 S. POWERLINE ROAD**  
**SUITE B**  
**DEERFIELD BEACH, FL 33442 US**

Mailing Address  
**730 S. POWERLINE ROAD**  
**SUITE B**  
**DEERFIELD BEACH, FL 33442 US**



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

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**  
**730 S. POWERLINE ROAD**  
**SUITE B**  
**DEERFIELD BEACH, FL 33442**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000606178  
 01/30/07-80068-002 150.00

**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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jeffrey Zaslou - President* 1/30/07 854-421-6771