

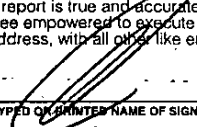


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90032 015 ***150.00

DOCUMENT # P04000045346 1. Entity Name BUSINESS AIR PARTS, INC.					
Principal Place of Business 8220 W SR 84 STE 200 DAVIE, FL 33324			Mailing Address 8220 W SR 84 STE 200 DAVIE, FL 33324		
2. Principal Place of Business 1811 NW 51 ST Suite, Apt. #, etc. # 42A		3. Mailing Address 1811 NW 51 ST Suite, Apt. #, etc. # 42A			
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL		4. FEI Number 20-0879875	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARR, E.A., DANIEL A 8220 W SR 84 STE 200 DAVIE, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314 FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees..		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RODRIGUES CORDEIRO, LEANDRO 8220 W SR 84 STE 200 DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7320 GRIFFIN ROAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 203 DAVIE, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARTH FREITAS, JOSE ANTONIO 8220 W SR 84 STE 200 DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7320 GRIFFIN ROAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 203 DAVIE, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X 			02-17-05 Date Daytime Phone #		