


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90037 031 ***158.75

DOCUMENT # P99000072651 1. Entity Name QWEST AIR PARTS, INC.			
Principal Place of Business 4210 BF GOODRICH BLVD MEMPHIS, TN 38118		Mailing Address 4210 BF GOODRICH BLVD MEMPHIS, TN 38118	
2. Principal Place of Business 3960 Crowfarn DR Suite, Apt. #, etc.		3. Mailing Address P.O. Box 751585 Suite, Apt. #, etc.	
City & State MEMPHIS, TN Zip 38118 Country USA		City & State MEMPHIS TN Zip 38175-1585 Country USA	
4. FEI Number 65-0952348		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 JONES, GARY 5917 NW 63 WAY PARKLAND, FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date if applicable</small>		DATE 7-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME JONES, GARY E STREET ADDRESS 4210 BF GOODRICH BLVD. CITY-ST-ZIP MEMPHIS, TN 38118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3960 Crowfarn CITY-ST-ZIP MEMPHIS, TN 38118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PENNA, MARK A STREET ADDRESS 4210 BF GOODRICH BLVD. CITY-ST-ZIP MEMPHIS, TN 38118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3960 Crowfarn CITY-ST-ZIP memphis, TN 38118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SM NAME VENUTO, JOE STREET ADDRESS 5917 NW 63 WAY CITY-ST-ZIP PARKLAND, FL 33067	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7-5-05 <small>Daytime Phone #</small>	