

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000008773

1. Entity Name
AVIATION ENGINE SERVICE MRO, INC.



FILED
06 MAY 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
370 MINORCA AVENUE
SUITE 15
CORAL GABLES, FL 33134

Mailing Address
370 MINORCA AVENUE
SUITE 15
CORAL GABLES, FL 33134

2. Principal Place of Business
8050 NW 90 st
Suite, Apt. #, etc.

3. Mailing Address
8050 NW 90 st
Suite, Apt. #, etc.



05112006 Chg-P CR2E034 (11/05)

City & State
Medley, FL

City & State
Medley, FL

4. FEI Number
06-1745424

Applied For
Not Applicable

Zip 33166 Country DADE

Zip 33166 Country DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTHRIE, REX B
370 MINORCA AVENUE
SUITE 15
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
GUILLERMO GALVAN

Street Address (P.O. Box Number is Not Acceptable)

8050 N.W. 90 Street

City
Medley, FL

FL

Zip Code
33166

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE D ☐ Delete
NAME GALVAN, GUILLERMO
STREET ADDRESS 370 MINORCA AVENUE, SUITE 15
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☒ Delete
NAME CEDENO, ANDRES
STREET ADDRESS 370 MINORCA AVENUE, SUITE 15
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000075217840
STREET ADDRESS 05/25/06--01005--026 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5/10/06

Date

305-437-7771

Daytime Phone #