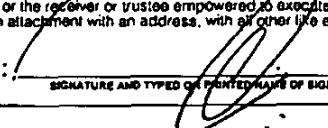


FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90001 028 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000045346		
1. Entity Name BUSINESS AIR PARTS, INC.		
Principal Place of Business 1811 NW 51 ST #42A FORT LAUDERDALE, FL 33309		Mailing Address 1811 NW 51 ST #42A FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
		07052006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0879875		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARR, E.A., DANIEL A 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314		DO NOT WRITE IN THIS SPACE
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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES CORDEIRO, LEANDRO 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTH FREITAS, JOSE ANTONIO 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 life empowered.		
SIGNATURE:  (DIRECTOR)		07.10.2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Days/98 Phone #