2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000045346

1. Entity Name
BUSINESS AIR PARTS, INC.

Principal Place of Business	Mailing Address
1811 NW 51 ST #42A	1811 NW 51 ST #42A
FORT LAUDERDALE, FL 33309	FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0879875	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

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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
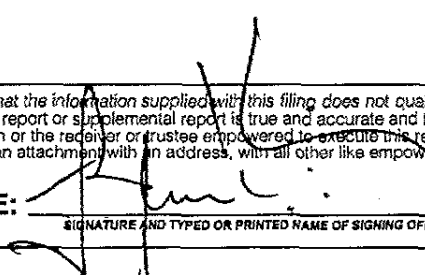
FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTH DE FREITAS, GABRIELA
STREET ADDRESS	109 LAKE EMERALD DR #309
CITY-ST-ZIP	OAKLAND PARK, FL 33309

TITLE	D
NAME	BARTH FREITAS, JOSE ANTONIO
STREET ADDRESS	7320 GRIFFIN ROAD SUITE 203
CITY-ST-ZIP	DAVIE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/07-80034-015 150.00

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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: _____   01-26-07 / 954 5884355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #