

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 194937</b> <small>1. Entity Name</small> <b>ODOM'S AIRCRAFT PARTS, INC.</b>					
<small>Principal Place of Business</small> <b>7055 S W 10TH ST MIAMI, FL 33144</b>			<small>Mailing Address</small> <b>P.O. BOX 440036 MIAMI, FL 33144</b>		
<small>2. Principal Place of Business</small> Suite, Apt #, etc.			<small>3. Mailing Address</small> Suite, Apt #, etc.		
<small>City &amp; State</small>			<small>City &amp; State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> <b>59-0801723</b>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> <b>ODOM, DONNA 7055 SW 10TH ST MIAMI, FL 33144</b>				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<small>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.</small>					
<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>			<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<small>10. OFFICERS AND DIRECTORS</small>				<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PT</b> <b>ODOM, DONNA</b> <b>7055 SW 10TH ST</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>VPS</b> <b>GRANT, WALTER E</b> <b>7055 SW 10TH ST</b> <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	[Empty]	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	[Empty]	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	[Empty]	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	[Empty]	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	[Empty]	<input type="checkbox"/> Delete			
<small>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.</small>				<b>U000000132382</b> <b>04/27/04-80045-001 150.00</b>	
<b>SIGNATURE: Donna Odom</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4-22-04 (305) 261-1611</b> <small>Date Daytime Phone #</small>	