## 2005 FOR PROFIT CORPORATION

## **FILED** Mar 30, 2005 08:00 AM

|   | ANNUAL   | KEPUKI   | <del></del>                 | <b>,</b>                       | Sa  | ratari                 | y of State                   |
|---|--|--|-----------------------------|--------------------------------|---|------------------------|------------------------------|
| 1. Entity Nam   | MENT # 463833<br>IRCRAFT PARTS AND EQUIP                               |  |                             | 56                             | li Glai y                                 | y vi Stati             |                              |
|   |  |  |                             |                                |   |                        |                              |
| INC.<br>23750 S.W. 132ND AVENUE                                       |  | Mailing Address INC. 23750 S.W. 132ND AVENUE           |                             |                                |   |                        |                              |
| HUMESTEAL   | J, FL 33032  | HOMESTEAD, FL 33032                                    |                             |                                |   |                        |                              |
|   | <u> </u>   |  |                             |                                |   |                        |                              |
| I   | O NOT WRITE!   | N THIS SPA   | CE                          | 01242005<br>4. FEI Numbe       | No Chg-P                                  | CR2E034 (              | (Applied For                 |
|   |  |  | -                           | 59-168                         | 8701                                      | <b>\$</b> 8            | Not Applicable 75 Additional |
|   | 6. Name and Address of Current Reg                                     | ristered Agent   |                             | 5. Certificate                 | of Status Desired                         |                        | Required                     |
| CULBERTSON, YVONNE A.<br>10705 S.W. 69 CT.<br>MIAMI, FL 33156         |  |  |                             |                                | NOT W                                     | \$1200-1204-1902-1     |                              |
|   |  |  |                             |                                |   |                        |                              |
|   | named entity submits this statement for the tions of registered agent. | purpose of changing its register                       | ed office or register       | ed agent, or bo                | h, in the State of Flo                    | ida. I am famili       | ar with, and accept          |
| SIGNATURE   | Signature, typed or printed name of registered agent and the           | te d applicable. (NOTE: Registers                      | ed Agent signature required | when reinstaling)              |   | DATE                   |                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00 |  | 9. Election Campaign Final<br>Trust Fund Contribution. |                             |                                | U00000280909<br>03/30/05-80039-003 150.00 |                        |                              |
| 10.   | OFFICERS AND DIR   | ECTORS   |                             |                                |   |                        |                              |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | PD<br>CULBERTSON, YVONNE A.<br>10705 S.W. 69 CT.<br>MIAMI, FL          |  |                             |                                |   |                        |                              |
| TITLE NAME STREET ADDRESS   | VD<br>CULBERTSON, LLOYD G.<br>10705 S.W. 69 CT.                        |  |                             |                                |   |                        |                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | MIAMI, FL  |  |                             | DO                             | NOT W                                     |                        |                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | <del></del>  |                             | oce celos estás algorista está | THIS SP                                   | egodolgagaeth i san bi |                              |
| TITLE NAME STREET ADDRESS   |  | ,  |                             |                                |   |                        |                              |
| CITY-ST-ZIP   |  |  |                             |                                |   |                        |                              |

12. I hereby certify that the information supplied with this filling 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 supplied that 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:

STREET ADDRESS CITY-ST-ZIP