

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 637130

**FILED**  
**Feb 21, 2008**  
**Secretary of State****Entity Name:** CENTRAL AMERICAN AIRCRAFT DISTRIBUTORS INC.**Current Principal Place of Business:**3050 NW 82 AVE.  
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**3050 NW 82 AVE.  
MIAMI, FL 33122**New Mailing Address:****FEI Number:** 59-1933732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CABALLERO, ALFREDO  
3050 NW 82 AVE  
MIAMI, FL 33122      US**Name and Address of New Registered Agent:**CABALLERO, JULIO  
3050 NW 82 AVE  
MIAMI, FL 33122      US

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.

SIGNATURE: JULIO CABALLERO

02/21/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** CABALLERO, LILLIAM  
**Address:** 3050 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33122**Title:** V      ( ) Delete  
**Name:** CABALLERO, LUIS  
**Address:** 3050 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33122**Title:** V      (X) Delete  
**Name:** CABALLERO, JULIO  
**Address:** 3050 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33122**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MRS      (X) Change ( ) Addition  
**Name:** CABALLERO, LILLIAM  
**Address:** 3050 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33122**Title:** MRS      (X) Change ( ) Addition  
**Name:** LOYS, LIANE  
**Address:** 3050 NW 82 AVE  
**City-St-Zip:** MIAMI, FL 33122**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIANE LOYS

MRS

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date