

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003578

FILED
Jan 11, 2005
Secretary of State

Entity Name: AERCOUSA INC.

Current Principal Place of Business:

DEBIS AIRFINANCE USA, INC.
1000 NE 3RD AVENUE STE 800
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O NATIONWIDE INFORMATION SVCS, INC.
15 NORTH STREET
DOVER, DE 19901

New Mailing Address:

FEI Number: 06-1493698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURA, SHOWALTER
100 NE THIRD AVENUE, SUITE 800
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRUPP, DAVID
Address: 100 NE THIRD AVENUE, SUITE 800
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D/S () Delete
Name: SHOWALTER, LAURA B
Address: 100 NE 3RD AVENUE STE 800
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D/P () Delete
Name: ROBINSON, ADRIAN
Address: DEAN ST EAST FARLEIGH MAIDSTONE
City-St-Zip: KENT, UK ME1 50HS UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: STRUPP, DAVID
Address: 100 NE THIRD AVENUE, SUITE 800
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA B. SHOWALTER

D/S

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date