


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90049 012 \*\*\*158.75

<b>DOCUMENT # F0200000059</b>			
1. Entity Name <b>EMBRAER AIRCRAFT HOLDING, INC.</b>			
Principal Place of Business <b>276 SOUTHWEST 34TH STREET FORT LAUDERDALE FL 33315</b>		Mailing Address <b>276 SOUTHWEST 34TH STREET FORT LAUDERDALE FL 33315</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**24028489**



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1156742</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICIO NOVIS BOTELHO		NAME	Satoshi Yokota	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 Southwest 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, SAMUEL D		NAME	Romualdo Monteiro De Barros	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 SW 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO LUIZ PIZARRO MANSO		NAME	Gary J. Spulak	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 SW 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEURY CURADO, FREDERICO P		NAME	Gary J. Spulak	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 SW 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	O - Financial Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITOR SARQUIS HALLACK		NAME	Christopher J. Appleton	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 SW 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Delete	TITLE	O - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, LANGHORNE M		NAME	Cesar F. Carrari	
STREET ADDRESS	276 SOUTHWEST 34TH STREET		STREET ADDRESS	276 SW 34th Street	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	Ft. Lauderdale, FL 33315	

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.

**SIGNATURE:**  **Cesar F. Carrari - Secretary 02/26/04 954 359 3431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #