


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000005828</b>	
1. Entity Name EMBRAER ENGINEERING SERVICES, INC.	

Principal Place of Business 4600 E PARK DRIVE SUITE 200 PALM BEACH GARDENS, FL 33410 US	Mailing Address 276 SW 34TH STREET FORT LAUDERDALE, FL 33315 US
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1639164	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. 28TH FLOOR MIAMI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZARRO MANSON, ANTONIO LUIZ 276 S.W. 34TH STREET FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOKOTA, SATOSHI 276 S.W. 34TH STREET FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRARI, CESAR F 276 S.W. 34TH STREET FT. LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDCO MONTGOMERIE, IAN FRASER 4600 E PARK DRIVE, STE 200 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPULAK, GARY J 276 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **CECIL F. CARRARI** **JANUARY 07, 2005** **89-359-3421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #