## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M07578

Address: City-St-Zip:

FILED Jan 04, 2005 Secretary of State

Entity Nar	me: AEROS	SUPPORT, INC.							
Current Principal Place of Business:				New Princ	New Principal Place of Business:				
2101 NW 93RD AVE./MIAMI, FL 33172 P.O. BOX 520149 MIAMI, FL 331520149				2101 NW 93RD AVE MIAMI, FL 33172					
Current Mailing Address:				New Maili	New Mailing Address:				
2101 NW 93RD AVE./MIAMI, FL 33172 P.O. BOX 520149 MIAMI, FL 331520149				P.O. BOX 520149 MIAMI, FL 331520149					
FEI Number:	59-2282785	FEI Number Ap	plied For()	FEI Number Not App	licable ( )	Certific	ate of Status De	sired (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:				
5001 SOU MIAMI, FL The above	named entit			rpose of changing i	ts register	ed office or	registered age	ent, or both,	
in the State	e of Florida.								
SIGNATUR									
Election Car		onic Signature of ing Trust Fund Cont		τ			Date		
Election Car	npaign rinanc	ing musi runa com	ribution ( ).						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD GOCENDE, I 2101 NW 93 MIAMI, FL 3	RD AVÉ.		Title: Name: Address: City-St-Zip:		() Change	( ) Addition		
Title: Name: Address: City-St-Zip:	VSTD GOCENDE, I 2101 NW 93 MIAMI, FL			Title: Name: Address: City-St-Zip:	VTD GOCENDI 2101 NW MIAMI, FL	E, MARIA 93RD AVE	( ) Addition		
Title: Name:		( ) Delete		Title: Name:	S GOCENDI	() Change E, MARICEL	(X) Addition		

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.

Address:

City-St-Zip:

2101 NW 93RD AVENUE

MIAMI, FL 33172

SIGNATURE: MARICEL GOCENDE 01/04/2005 S