2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2005 08:00 AM DOCUMENT # M21449 **Secretary of State** 1. Entity Name AEROSPACE COMPONENT SALES INTERNATIONAL, INC. Principal Place of Business -- - Mailing Address 7266 NW 66 ST. **7**266 NW 66 ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-2626016 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, JEFFREY J. Street Address (P.O. Box Number is Not Acceptable) 10107 S.W. 72 STREET MIAMI FL 33173 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE PD Dejete TITLE NAME THOMPSON, JEFFREY J. NAME U000000332307 STREET ADDRESS 04/28/05-80053-006 158.75 8820 S.W. 132 PLACE 204D STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE THOMPSON, ANNE E. NAME 8820 S.W. 132 PLACE 204D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition Change ☐ Delete To Et F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THEF ☐ Delete HILE NAME STREFT ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Addition Change THE TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST- 7/2 CHY-ST-21P ITILE Change Addition TITLE ☐ Delete NAME NAME SIRFELADORESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7/P

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 suppliemental 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 exemplated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 3054777774

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