


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # M57917	
1. Entity Name AVIATION ENGINE SERVICE, INC.	
	
Principal Place of Business 8050 NW 90 ST MEDLEY, FL 33166 US	Mailing Address 8050 NW 90 ST MEDLEY, FL 33166 US



05112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0005524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALVAN, GUILLERMO H. 8050 NW 90 ST MEDLEY, FL 33166	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 05/20/06-80089-002 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALVAN, GUILLERMO H. 8472 NW 168 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOSCALZO, MARIA E 8050 NW 90TH ST MIAMI, FL 33166
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I's empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/10/06 Daytime Phone 305-477-7771