

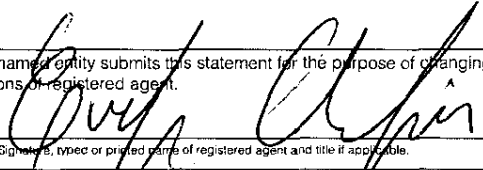
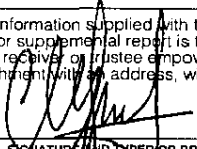


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90164 031 ***150.00

DOCUMENT # P00000056876 1. Entity Name AIRCRAFT TECH SUPPLY, INC					
Principal Place of Business 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126			Mailing Address 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126		
2. Principal Place of Business 7925 NW 12TH STREET Suite, Apt. #, etc. SUITE 407 City & State MIAMI, FLORIDA Zip 33126		3. Mailing Address 7925 NW 12TH STREET Suite, Apt. #, etc. SUITE 407 City & State MIAMI, FLORIDA Zip 33126		 04282004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1030221		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAPONICK, EVELYN 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name EVELYN CHAPONICK Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12TH STREET SUITE 407 City MIAMI <div style="float: right;"> FL Zip Code 33126 </div>		
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BELLO, MAYDA E 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAYDA E. BELLO 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/29/04 Daytime Phone #: 305 470 2504		