
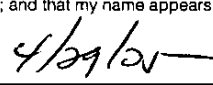


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90129 018 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P00000056876 1. Entity Name AIRCRAFT TECH SUPPLY, INC | | | |  | |
| Principal Place of Business 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126 | | | Mailing Address 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126 | | |
| 2. Principal Place of Business 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126 | | 3. Mailing Address 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126 | |  | |
| Country USA | | Country USA | | 04282005 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 407 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name EVELYN CHAPONICK Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL FL Zip Code 33126 | | |
| 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, 2005 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 12TH STREET SUITE 407 MIAMI, FL 33126 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MAYDA E. BELLO 7955 NW 12TH STREET SUITE 400 DORAL, 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 | |
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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:  | | | Date:  | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |