Apr 25 2006 10:22AM WACHHOLDER & STREIMER, PA

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90247 003 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000088169

1. Entity Name
AERO-PARTS CONNECTIONS, INC.

40091098

Principal Place of Business	Mailing Address
10032 NW 46 ST SUNRISE, FL 33351	10032 NW 46 ST SUNRISE, FL 33351

2. Principal Place of Business	3. Mailing Address
5030 NW 109 AVE	1820 NW 103 AVE
Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc.
City & State Sunrise, Fl	City & State Plantation
Zip 33351 Country	Zip 33322 Country

03082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1045181 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, GERMAN
1820 NW 103RD AVE
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GERMAN, ALVAREZ 1820 NW 103RD AVE PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, ANGELA MARIE 1820 NW 103RD AVE. PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: German Alvarez 4/26/06 954-578-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #