2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:,

May 04, 2006 8:00 am Secretary of State DOCUMENT # P00000108321 05-04-2006 90252 009 ***158.75 AIROPS ENGINE SERVICES CORPORATION Principal Place of Business Mailing Address 50018789 282 CARABELA COURT 282 CARABELA COURT CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1075125 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Juan Diaz, F=1 VICTOR BARED Street Address (P.O. Box Number is Not Acceptable) 282 CARABELA COURT CORAL GABLES, FL 33143 5300 HORHWAS JUHL AUE Zip Code 33166 HIRMI 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. 28, 2006 > Jum Dinz, Fsy SIGNATURE Signature, typed or printed name of regi-(NOTE: Registered Agent signature re 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delete TITLE ☐ Addition NAME BARED, VICTOR NAME STREET ADDRESS 282 CARABELA COURT STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33143 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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. Apr. 21, 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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