


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P01000032921 1. Entity Name TURBINES MECHANICS AND ACCESSORIES, INC. |  |
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| Principal Place of Business 14572 SW 142 TERRACE MIAMI, FL 33186 | Mailing Address 14572 SW 142 TERRACE MIAMI, FL 33186 |
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-1101110 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORDERO, ROSA 14233 SW 146 AVENUE MIAMI, FL 33186 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | 000000126832 04/23/04-80049-025 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MARQUEZ, MARIA 14572 SW 142 TERRACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD BLANQUICET, LUIS 14572 SW 142 TERRACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BLANQUICET, FRANCISCO 14572 SW 142 TERRACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD MARQUEZ, MARIA 14572 SW 142 TERRACE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 my address, with all other like empowered.

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|---|---------------------|--------------------------------|
| SIGNATURE:  - LOUIS BLANQUICET | 04-20-04 | 305-235-6747 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |