

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90360 044 \*\*\*150.00

DOCUMENT # **PO1000048768**  
1. Entity Name  
**AeroEngineTech Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>9765 NW 45 Lane</b>		3. Mailing Address <b>9765 NW 45 Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33178</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>65-1111427</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name <b>Andres CEDENO</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>9765 NW 45 LANE</b>		
		City <b>Miami</b> FL Zip Code <b>33178</b>		

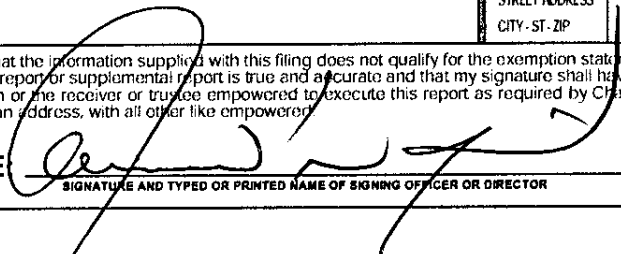
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **President** **MARCH 15, 2002**  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Andres CEDENO</b> <b>9765 NW 45 Ln Miami FL.</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE  **MARCH 15, 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)