


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059354 1. Entity Name WRIGHT BROS. AVIATION, INC.	
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Principal Place of Business 1850 N.W. 66TH AVE., BUILD. 708 STE. 220 MIAMI, FL 33126	Mailing Address P.O. BOX 522906 MIAMI, FL 33152
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CABALLERO, CARLOS A 4831 NW 99 CT. STE. 220 MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CABALLERO, CARLOS A 4831 NW 99 CT. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REY, ALFONSO P.O. BOX 52206 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONADO, CARLOS P.O. BOX 52206 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLON, PATRICIA P.O. BOX 52206 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTO, LUIS P.O. BOX 52206 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/04-80026-005 150.00

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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: Carlos Caballero 1-7-04 305-333-4156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #