


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90255 016 \*\*\*150.00

<b>DOCUMENT # P01000059354</b>	
1. Entity Name <b>WRIGHT BROS. AVIATION, INC.</b>	

Principal Place of Business <b>1850 N.W. 66TH AVE., BUILD. 708 STE. 220 MIAMI, FL 33126</b>	Mailing Address <b>P.O. BOX 522906 MIAMI, FL 33152</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1113273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CABALLERO, CARLOS A 4831 NW 99 CT. STE. 220 MIAMI, FL 33178</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	<b>CABALLERO, CARLOS A</b>
STREET ADDRESS	<b>4831 NW 99 CT.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>REY, ALFONSO</b>
STREET ADDRESS	<b>P.O. BOX 52206</b>
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>DONADO, CARLOS</b>
STREET ADDRESS	<b>P.O. BOX 52206</b>
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MILLON, PATRICIA</b>
STREET ADDRESS	<b>P.O. BOX 52206</b>
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>SOTO, LUIS</b>
STREET ADDRESS	<b>P.O. BOX 52206</b>
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>
STREET ADDRESS	<b>Alfonso Rey</b>
CITY-ST-ZIP	<b>P.O. Box 522906</b>
	<b>MIAMI, FL 33152</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **A. Rey Pres.** **1-12-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #