

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000074873	
1. Entity Name AEROSPACE ENGINEERING GROUP REPAIR & SALES CENTER, INC.	
Principal Place of Business 1260 NW 57 AVE MIAMI, FL 33126	Mailing Address 1260 NW 57 AVE MIAMI, FL 33126



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1124918	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILERA, NOEL
1260 NW 57 AVE
MIAMI, FL 33126

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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 _____

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

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUILERA, NOEL
STREET ADDRESS	1260 NW 57 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	JIRON, ALLAN
STREET ADDRESS	1260 NW 57 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	FERNANDEZ, JORGE
STREET ADDRESS	1260 NW 57 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-20171-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noel Aguilera 4/14/04

305-267-6400

Date

Daytime Phone #