2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108814

Entity Name: ANTONOV AIRCRAFT DEALER CORPORATION

FILED Jun 16, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
5600 NW 36TH STREE ⁻ SUITE 513 MIAMI, FL 33142	Г			
Current Mailing Address:		New Mailing Address:		
P.O. BOX 59-1766 MIAMI, FL 33159				
FEI Number: 37-1425750	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
NIKOMAROV, NIKOLAY 5600 NW 36TH STREE ⁻ SUITE 513 MIAMI, FL 33142 US				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
CIONIATUDE				
SIGNATURE:		ent	Date	

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NIKOMAROV, BORIS NIKOMAROV, BORIS Name: Name: 5600 NW 36TH.STREET,SUITE 513 5600 NW 36TH STREET, SUITE 513 Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142

Title: () Delete Title: (X) Change () Addition NESTSCHERET, VADIM NIKOMAROV, NIKOLAY Name: Name:

Address: 5600 NW 36ST.STREET,SUITE 513 Address: 5600 NW 36 STREET, SUITE 513

MIAMI, FL 33142 MIAMI, FL 33142 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORIS NIKOMAROV Ρ 06/16/2005