2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000064380

INTERNATIONAL AVIATION CHEMICAL INC.



Principal Place of Business

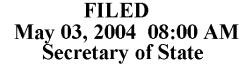
1355 BENNETT DRIVE

UNIT 253 LONGWOOD, FL 32750 Mailing Address

1355 BENNETT DRIVE

UNIT 253

LONGWOOD, FL 32750





DO NOT WRITE IN THIS SPACE

04152004 CR2E034 (10/03) No Chg-P

4. FEI Number 35-2028457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, MICHAEL 1355 BENNETT DRIVE **UNIT 253** LONGWOOD EL 32750

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the poons of registered agent	ourpose of changing its registere	d office or i	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NICHOLAS, MICHAEL 1355 BENNETT DRIVE LONGWOOD, FL 32750				9359664 48088 1333344801 334005 150.0 0
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY - SI - ZIP					

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY - ST- ZIP