

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 JAN -4 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11232004 REIN-P CR2E098 (6/04) *MRP*

DOCUMENT # P02000079368			
1. Entity Name WORLD AEROSPACE CONSULTING, INC.			
Principal Place of Business 6405 NW 36TH STREET SUITE 209 MIAMI, FL 33166		Mailing Address 6405 NW 36TH STREET, SUITE 209 MIAMI, FL 33166	
2. Principal Place of Business 20 Hunting Lodge Ct		3. Mailing Address 20 Hunting Lodge Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Spring Fl		City & State Miami Springs Fl	
Zip 33166	Country Usa	Zip 33166	Country USA
4. FEI Number 27-0023383		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, CARLOS 2517 NW 74 AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Fernandez, Carlos Street Address (P.O. Box Number is Not Acceptable) 20 Hunting Lodge Ct City Miami Springs FL Zip Code 33166	
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 <i>Carlos Fernandez</i>		DATE 11-23-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00		REINSTATEMENT 04	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CARLOS 1030 N ROYAL POINCIANA BLVD MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernandez, carlos 5228 SW 195 Tr Miramar Fl 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043951900 01/04/05--01043--012 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Carlos Fernandez</i>		Date 11-23-04 Daytime Phone 786 252-7015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			