

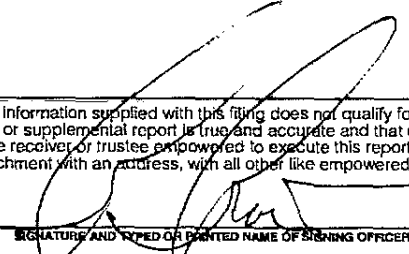


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000128864 1. Entity Name CABALL AERO, INC.			
Principal Place of Business 18002 MCKINNON RD ODESSA, FL 33556		Mailing Address 18002 MCKINNON RD ODESSA, FL 33556	
			
		02112005 No Chg-P CR2E034 (10/03)	
4. FEI Number 81-0587476		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 GARCIA, GARY A D.V.M. 18002 MCKINNON ROAD ODESSA, FL 33556			
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 reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	GARCIA, GARY A		
STREET ADDRESS	18002 MCKINNON ROAD		
CITY-ST-ZIP	ODESSA, FL 33556		
TITLE	D		
NAME	GARCIA, GARY A.		
STREET ADDRESS	18002 MCKINNON ROAD		
CITY-ST-ZIP	ODESSA, FL 33556		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 2/11/05 Daytime Phone #: 813-920-2677	