

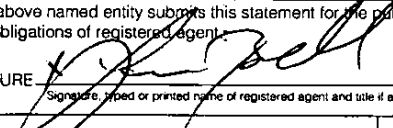
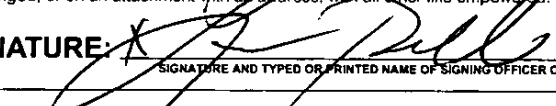


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 006 ***150.00

DOCUMENT # P03000021268 1. Entity Name ONE SOURCE AEROSPACE, INC.					
Principal Place of Business 1799 NE 164TH ST SUITE 407 N MIAMI, FL 33162			Mailing Address 1799 NE 164TH ST SUITE 107 N MIAMI, FL 33162		
2. Principal Place of Business 13061 NW 42ND AVENUE Suite, Apt. #, etc. UNIT # 4 City & State MIAMI FLORIDA Zip 33054		3. Mailing Address 13061 NW 42ND AVENUE Suite, Apt. #, etc. UNIT # 4 City & State MIAMI FLORIDA Zip 33054			
Country U.S.A.		Country U.S.A.		01042006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1174432				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 BELLO, LUIS 1550 NE 191ST STREET 210 MIAMI, FL 33179			7. Name and Address of New Registered Agent Name LUIS BELLO Street Address (P.O. Box Number is Not Acceptable) 12618 NW 14TH PLACE City SUNRISE FL Zip Code 33323		
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 			LUIS BELLO, PRESIDENT (NOTE: Registered Agent signature required when reinstating)		
DATE 01/20/06			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BELLO, LUIS		<input type="checkbox"/> Delete		
STREET ADDRESS 1799 NE 164 ST, UNIT 407	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME BELLO, LUIS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 13061 NW 42ND AVE, UNIT #4	CITY-ST-ZIP MIAMI, FLORIDA 33054		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME BELLO, LUIS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 13061 NW 42ND AVE, UNIT #4	CITY-ST-ZIP MIAMI, FLORIDA 33054		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VB	NAME AMAYA, JESUS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 12000 NW 6TH STREET	CITY-ST-ZIP PLANTATION, FLORIDA 33325		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VB	NAME AMAYA, JESUS		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 12000 NW 6TH STREET	CITY-ST-ZIP PLANTATION, FLORIDA 33325		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			LUIS BELLO, PRE.		
DATE 01/20/06			305-398-8587		