

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90054 043 \*\*\*150.00

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<b>DOCUMENT # P03000021268</b> 1. Entity Name <b>ONE SOURCE AEROSPACE, INC.</b>			
Principal Place of Business <b>13061 NW 42ND AVE</b> <b>OPA LOCKA, FL 33054</b>		Mailing Address <b>13061 NW 42ND AVE</b> <b>OPA LOCKA, FL 33054</b>	
2. Principal Place of Business - No P.O. Box # <b>13063 NW 42ND AVENUE</b>		3. Mailing Address <b>13063 NW 42ND AVENUE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33054</b>		Zip <b>33054</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>65-1174432</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BELLO, LUIS</b> <b>12618 NW 14TH PL</b> <b>SUNRISE, FL 33323</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, LUIS 13061 SW 42BD AVE UNIT #4 OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, LUIS 13061 NW 42ND AVENUE MIAMI FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BELLO, LUIS 1799 NE 164 ST, UNIT 107 NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BELLO, LUIS 13061 NW 42ND AVENUE MIAMI FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JESUS, AMAYA 12000 NW 6TH ST PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMAYA, JESUS 5601 COLLINS AVENUE, UNIT # 1121 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.			
<b>SIGNATURE:</b> _____ <b>1/11/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			