

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 OCT -9 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000021268					
1. Entity Name ONE SOURCE AEROSPACE, INC.					
Principal Place of Business 13063 NW 42ND AVE OPA LOCKA, FL 33054 US <i>Miami, FL</i>			Mailing Address 13063 NW 42ND AVE OPA LOCKA, FL 33054 <i>Miami</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1174432	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLO, LUIS 12618 NW 14TH PL SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name: JESUS AMAYA Street Address (P.O. Box Number is Not Acceptable) 7682 NW 178TH TERRACE City: MIAMI FL Zip Code: 33015		
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:  JESUS AMAYA, P Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE:					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, LUIS 13061 NW 42ND AVE OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900110517619 10/09/07--01013--009 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BELLO, LUIS 13061 NW 42ND AVE OPA LOCKA, FL 33054 <input checked="" 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	VD JESUS, AMAYA 5601 BOLLINS AVE UNIT 1121 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD AMAYA, JESUS 7682 NW 178TH TERRACE MIAMI, FLORIDA 33015 <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	<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		
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: 		JESUS AMAYA, President		07/23/07 305-949-4644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

T. Robert OCT 1 2007