

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039744

FILED
Jan 21, 2004
Secretary of State

Entity Name: ABA S.L.M. AVIATION RESUORCES, INC.

Current Principal Place of Business:

8346 NW S RIVER DR BAY K
MIAMI, FL 33166

New Principal Place of Business:

8356 NW 74TH AVE
MEDLEY, FL 33166

Current Mailing Address:

8346 NW S RIVER DR BAY K
MIAMI, FL 33166

New Mailing Address:

83556 NW 74TH AVE
MEDLEY, FL 33166

FEI Number: 05-0566301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARREGOCES, HORACIO
12320 SW 22 LANE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

REYNOLD, DUCLAS
701 PROMENADE DR STE 210
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: REYNOLD DUCLAS

01/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, LOURDES
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: GARCIA, MIGDALIA
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: GARCIA, PEDRO
Address: 8346 NW S RIVER DR BAY K
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES GARCIA

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date