

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 044 ***158.75

DOCUMENT # P0300094021

1. Entity Name
B & C AERO SPARES INC.



Principal Place of Business
**1820 JAMES AVE 2B
MIAMI BEACH, FL 33139-7924**

Mailing Address
**1820 JAMES AVE 2B
MIAMI BEACH, FL 33139-7924**

20059255

DO NOT WRITE IN THIS SPACE

05142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0389797

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALIDO, FELIX M
1820 JAMES AVE APT 2B
MIAMI BEACH, FL 33139-7924**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
ALUISI, TANIA
~~599 NW 45TH DR~~ 7608 EAGLE POINT DR.
DELRAY BEACH, FL 334452138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 to an address, with all other like empowered.

SIGNATURE: *Tania Aluisi* **TANIA ALUISI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/05

Date

561-495-8622

Daytime Phone #