
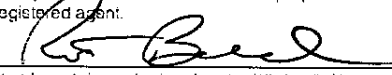
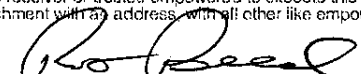


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90022 006 \*\*\*150.00

<b>DOCUMENT # P03000117866</b> 1. Entity Name AEROSTRUCTURES OF THE PALM BEACHES, INC.			
Principal Place of Business 2633 LANTANA RD HANGAR 807 LANTANA, FL 33462		Mailing Address 2633 LANTANA RD HANGAR 807 LANTANA, FL 33462	
2. Principal Place of Business 2633 Lantana Rd Suite, Apt. #, etc. Ste. 28 City & State Lantana, Fl		3. Mailing Address 2633 Lantana Rd Suite, Apt. #, etc. Ste. 28 City & State Lantana, Fl	
Zip 33462-2479	Country USA	Zip 33462-2479	Country USA
4. FEI Number 54-2130729		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Robert H. Behrend Street Address (P.O. Box Number is Not Acceptable) 2633 Lantana Rd. -Ste. 28 City Lantana FL 33462	
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:  DATE: April 5, 04			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 MORTENSON, ANN M 2633 LANTANA RD HANGAR 807 LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mortenson, Ann M 2633 Lantana Rd.-Ste.28 Lantana, Fl 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEHREND, ROBERT H 2633 LANTANA RD HANGAR 807 LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Behrend, Robert H 2633 Lanatana Rd.-Ste.28 Lantana, Fl 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 with an address, with all other like empowered.			
SIGNATURE: 		Date: April 5, 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561 374 0541	

0305596



03252004 Chg-P CR2E034 (10/03)