
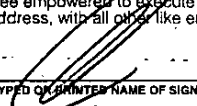


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90032 015 ***150.00

DOCUMENT # P04000045346			
1. Entity Name BUSINESS AIR PARTS, INC.			
Principal Place of Business 8220 W SR 84 STE 200 DAVIE, FL 33324		Mailing Address 8220 W SR 84 STE 200 DAVIE, FL 33324	
2. Principal Place of Business 1811 NW 51 ST Suite, Apt. #, etc. # 42A City & State FT LAUDERDALE FL		3. Mailing Address 1811 NW 51 ST Suite, Apt. #, etc. # 42A City & State FT LAUDERDALE FL	
Zip 33309 Country USA		Zip 33309 Country USA	
6. Name and Address of Current Registered Agent BARR, E.A., DANIEL A 8220 W SR 84 STE 200 DAVIE, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7320 GRIFFIN ROAD SUITE 203 City DAVIE, FL 33314 FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 D NAME RODRIGUES CORDEIRO, LEANDRO STREET ADDRESS 8220 W SR 84 STE 200 CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME 7320 GRIFFIN ROAD STREET ADDRESS SUITE 203 CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARTH FREITAS, JOSE ANTONIO STREET ADDRESS 8220 W SR 84 STE 200 CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME 7320 GRIFFIN ROAD STREET ADDRESS SUITE 203 CITY-ST-ZIP DAVIE, FL 33314	<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 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 02-17-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	