

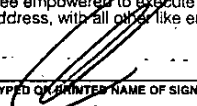


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**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		 02022005 Chg-P CR2E034 (10/03)	
Zip 33309 Country USA		Zip 33309 Country USA			
4. FEI Number 20-0879875				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	D	<input type="checkbox"/> Delete	TITLE	7320 GRIFFIN ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES CORDEIRO, LEANDRO		NAME	SUITE 203	
STREET ADDRESS	8220 W SR 84 STE 200		STREET ADDRESS	DAVIE, FL 33314	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	7320 GRIFFIN ROAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTH FREITAS, JOSE ANTONIO		NAME	SUITE 203	
STREET ADDRESS	8220 W SR 84 STE 200		STREET ADDRESS	DAVIE, FL 33314	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 #		