


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000045346 1. Entity Name BUSINESS AIR PARTS, INC.	
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Principal Place of Business 1811 NW 51 ST #42A FORT LAUDERDALE, FL 33309	Mailing Address 1811 NW 51 ST #42A FORT LAUDERDALE, FL 33309
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
 7320 GRIFFIN ROAD SUITE 203
 DAVIE, FL 33314

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTH DE FREITAS, GABRIELA 109 LAKE EMERALD DR #309 OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTH FREITAS, JOSE ANTONIO 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  01-26-07 / 954-5884355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #