


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 031 ***150.00

DOCUMENT # P04000045346

1. Entity Name
BUSINESS AIR PARTS, INC.



Principal Place of Business
 1811 NW 51 ST #42A
 FORT LAUDERDALE, FL 33309

Mailing Address
 1811 NW 51 ST #42A
 FORT LAUDERDALE, FL 33309

40023620



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
BARR, E.A., DANIEL A
 7320 GRIFFIN ROAD SUITE 203
 DAVIE, FL 33314

7. Name and Address of New Registered Agent
 Name *Hoz & Co, INC c/o Leo de la Hoz*
 Street Address (P.O. Box Number is Not Acceptable)
3650 NW 82nd Ave Ste 405
 City *Doral* FL Zip Code *33166*

4. FEI Number
 20-0879875 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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]* (NOTE: Registered Agent signature required when reinstating) DATE *1/30/08*

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	D BARTH DE FREITAS, GABRIELA 109 LAKE EMERALD DR #309 OAKLAND PARK, FL 33309 <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	D BARTH FREITAS, JOSE ANTONIO 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE ANTONIO BARTH FREITAS 109 LAKE EMERALD DR NO 309 OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *[Signature]* DATE *02/01/08* DAYTIME PHONE # *954-588-4355*