

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90094 002 ***150.00

DOCUMENT # P04000082818

1. Entity Name
AERO COMPONENTS INTERNATIONAL CORP.



Principal Place of Business
717 PONCE DE LEON BLVD., #230
CORAL GABLES, FL 33134

Mailing Address
717 PONCE DE LEON BLVD., #230
CORAL GABLES, FL 33134

2. Principal Place of Business
5900 N.W. 97 AVE.

3. Mailing Address
5900 N.W. 97 AVE.

Suite, Apt. #, etc.
BAY 3

Suite, Apt. #, etc.
BAY 3

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

04062005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1395315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTEL, RAMON
717 PONCE DE LEON BLVD., #230
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **PORTELA RAMON**
Street Address (P.O. Box Number is Not Acceptable)
5900 N.W. 97 AVE.
BAY 3
City **DORAL** FL Zip Code **33178**

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 **RAMON PORTELA**

4-6-05

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PORTELA, RAMON**
STREET ADDRESS **717 PONCE DE LEON BLVD., #230**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR, VICE-PRES., SEC.** ☒ Change ☐ Addition
NAME **PORTELA, RAMON**
STREET ADDRESS **5900 N.W. 97 AVE, BAY 3**
CITY-ST-ZIP **DORAL, FL. 33178**

TITLE **PRESIDENT, TREASURER** ☐ Change ☒ Addition
NAME **ALEMAN, HUMBERTO**
STREET ADDRESS **5900 N.W. 97 AVE, BAY 3**
CITY-ST-ZIP **DORAL, FL. 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **RAMON PORTELA**

4-6-05 (305) 463-8797