

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90345 014 ***150.00

DOCUMENT # P04000140203
 1. Entity Name
 NORTH AMERICAN AVIATION, INC.



Principal Place of Business
 14901 S.W. 80 STREET
 SUITE # 202
 MIAMI, FL 33193 US

Mailing Address
 7190 S.W. 14 STREET
 PEMBROKE PINES, FL 33023-2018 US

50038699



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

04142005 Chg-P CR2E034 (10/03)

4. FEI Number
 20-176787 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MEHMOOD, AMY
 7190 S.W. 14 STREET
 PEMBROKE PINES, FL 33023-2018

7. Name and Address of New Registered Agent
 Name: AMERICO VALCARCEL
 Street Address (P.O. Box Number is Not Acceptable):
 14901 SW 80th ST, # 202.
 City: MIAMI FL Zip Code: 33193

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, 2005 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	P RUIZ-LOPEZ, FEDERICO 14901 S.W. 80 STREET SUITE # 202 MIAMI, FL 33193 <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,VP VALCALCEL, AMERICO 14901 S.W. 80 STREET SUITE # 202 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P. AMERICO VALCARCEL. 14901 SW 80th ST, SUITE 202. MIAMI FL 33193. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANTZEN-MARTINEZ, FEDERICO 14901 S.W. 80 STREET SUITE # 202 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: 305. 388-0074. Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR