


2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P05000028679

1. Entity Name
 FLY PARTS, INC



Principal Place of Business Mailing Address
 3873 NW 63RD CT 3873 NW 63RD CT
 COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-2380771 Not Applicable

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

6. Name and Address of Current Registered Agent

PB&A FINANCIAL SERVICES CORP
 13935 NW 1ST AVE
 MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

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	P
NAME	LA FONTAINE, ALAIN
STREET ADDRESS	3073 NW 63RD CT
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VP
NAME	FOLADORI, HORACIO
STREET ADDRESS	3073 NW 63RD CT
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000691331
 04/13/07-80006-016 150.00

DO NOT WRITE IN THIS SPACE

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: *Horacio Foladori* *04/02/2007* *954 4158634*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #