2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147372

AGUERO, MIGUEL

9003 NW 117TH TERRACE

HIALEAH GARDENS, FL 33018

Name: Address:

City-St-Zip:

Entity Name: S.T.D. AVIATION SERVICES, INC

FILED Sep 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3717 NW 44TH STREET 6790 NW 186 ST #412 MIAMI, FL 33166 HIALEAH, FL 33015 **Current Mailing Address: New Mailing Address:** 3717 NW 44TH STREET 6790 NW 186 ST #412 MIAMI, FL 33166 HIALEAH, FL 33015 FEI Number: 20-5968780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGUERO, PASCUAL J AGUERO, PASCUAL J 6790 NW 186TH STREET #412 6790 NW 186TH STREET #412 MIAMI, FL 33015 HIALEAH, FL 33015 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. SIGNATURE: PASCUAL J. AGUERO 09/07/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFOP () Delete () Change () Addition AGUERO, MIGUEL Name: Name: 9003 NW 117TH TERRACE Address: Address: City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: Title: VD Title: () Delete (X) Change () Addition Name: AGUERO, PASCUAL J Name: AGUERO, PASCUAL J 6790 NW 186TH STREET #412 6790 NW 186TH STREET #412 Address: Address: MIAMI, FL 33015 HIALEAH, FL 33015 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition RODRIGUEZ, NERFOL Name: Name: 9003 NW 117TH TERRACE Address: Address: City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PASCUAL J. AGUERO VD 09/07/2007