2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000051292

Entity Name: AERO COMPONENTS SUPPLIES CORP.

FILED Aug 08, 2009 Secretary of State

5900 NW 97 AVE STE 3 8730 N.W, 99 STREET DORAL, FL 33178 MEDLEY, FL 33178

Current Mailing Address: New Mailing Address:

5900 NW 97 AVE STE 3 8730 N.W, 99 STREET DORAL, FL 33178 MEDLEY, FL 33178

FEI Number: 26-0289878 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:

PORTELA, RAMON

3630 JUSTIN ROAD

COCONUT GROVE, FL 33133 US

VAIL, WILSON K

840 CYPRESS POINTE DR. W

PEMBROKE PINES, FL 33027 US

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: WILSON K VAIL 08/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: PORTELA, RAMON Name: VAIL, WILSON K

Address: 3630 JUSTISON ROAD Address: 840 CYPRESS POINTE DR. W
City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete Title: D (X) Change () Addition

Name: ALEMAN, HUMBERTO Name: VAIL, DAVID

 Address:
 13050 SAN MATEO
 Address:
 8500 NW 4TH TERRACE #3

 City-St-Zip:
 CORAL GABLES, FL 33156
 City-St-Zip:
 MIAMI, FL 33126

Title: D (X) Delete Title: () Change () Addition Name: VAIL, WILSON K Name:

 Name:
 VAIL, WILSON K
 Name:

 Address:
 840 CYPRESS POINTE DR W
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:

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.

SIGNATURE: DAVID VAIL D 08/08/2009