

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132223

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** SOUTHERN AIRPARTS SOLUTIONS INC.

**Current Principal Place of Business:**

5930 NW 99TH AVE., UNIT #2  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5930 NW 99TH AVE., UNIT #2  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 26-2649981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARTINEZ, MIGUEL  
Address: 5930 NW 99TH AVE., UNIT #2  
City-St-Zip: DORAL, FL 33178

Title: DVP ( ) Delete  
Name: FRONTADO, JUAN CARLOS  
Address: 5930 NW 99TH AVE., UNIT #2  
City-St-Zip: DORAL, FL 33178

Title: DS ( ) Delete  
Name: SALAZAR DAGER, MORELLA  
Address: 5930 NW 99TH AVE., UNIT #2  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** MIGUEL MARTINEZ

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date