

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058845

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BETTER AVIATION PRODUCTS, INC.

**Current Principal Place of Business:**

3695 NW 124 AVENUE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 223702  
HOLLYWOOD, FL 330223702

**New Mailing Address:**

FEI Number: 65-0513767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIES, ALAYNA  
1601 S 16 AVE  
HOLLYWOOD, FL 33020 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: PD ( ) Delete  
Name: RIES, ALAYNA  
Address: 1601 S 16 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete  
Name: RIVAS, FRANKLIN  
Address: 1601 S 16 AVE  
City-St-Zip: HOLLYWOOD, FL 33020

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

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: ALAYNA RIES

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date