


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90214 019 ***158.75

DOCUMENT # P95000014059	
1. Entity Name COSTAVEN AEROSPACE, CORP.	

Principal Place of Business 3360 NW 22ND ST. COCONUT CREEK, FL 33066	Mailing Address 3360 NW 22ND ST. COCONUT CREEK, FL 33066
ADDRESS CHANGE ONLY	

2. Principal Place of Business 4917 NW 110th Ter. Coral Springs, FL 33076	3. Mailing Address 4917 NW 110th Ter. Coral Springs, FL 33076
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City & State	City & State	4. FEI Number 65-0557204	Applied For <input type="checkbox"/> Not Applicable
Zip 33076	Country USA	Zip 33076	Country USA

6. Name and Address of Current Registered Agent GAYNES, DAVID M ESQ 2756 MISTY OAKS CIR. ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name GAYNES, DAVID M. ESQ. Street Address (P.O. Box Number is Not Acceptable) 4327 SOUTH HIGHWAY #27 SUITE 404 City CLEARMONT FL Zip Code 34711	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMACHO, JOSE R 3360 NW 22ND ST COCONUT CREEK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mr. Jose R. Camacho 4917 NW 110th Ter. Coral Springs, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAMACHO, ROSA EVA 3360 NW 22ND ST COCONUT CREEK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAMACHO, ROSA EVA 4917 NW 110th Ter. Coral Springs, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOSE R. CAMACHO** PRESIDENT **954 4717623** **42406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #