

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048360

FILED  
May 01, 2006  
Secretary of State

Entity Name: AVIASERVICE INTERNATIONAL CORP.

## Current Principal Place of Business:

999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0756825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JORDAN, ARTURO CPA  
999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ARAGON REGISTERED AGENTS INC  
999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134 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: ARAGON REGISTERED AGENTS

05/01/2006

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:

Title: S/D ( ) Delete  
Name: GRACIA, RAFAEL PINTO B  
Address: 801 S. BAYSHORE DR APT 1565  
City-St-Zip: MIAMI, FL 33131

Title: VPTD ( ) Delete  
Name: VON FEDAK, ISTVAN JR.  
Address: EDIFICIO LA PIRAMIDE PISO 2, OFICINA 208  
City-St-Zip: CARACAS VENEZUELA,

Title: P/D ( ) Delete  
Name: VON FEDAK, ISTVAN SR.  
Address: EDIFICIO LA PIRAMIDE PISO 2, OFICINA 208  
City-St-Zip: CARACAS VENEZUELA,

## 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 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: RAFAEL PINTO

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date