

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90007 005 ***150.00

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DOCUMENT # P97000075876 1. Entity Name EASTERN AIRPARTS UNLIMITED, INC.			
Principal Place of Business 6850 NW 20TH AVE FORT LAUDERDALE, FL 33309		Mailing Address 6850 NW 20TH AVE FORT LAUDERDALE, FL 33309	
2. Principal Place of Business 1201 SW 26TH AVE. Suite, Apt. #, etc. PMB 242 City & State Pompano Beach, FL Zip 33069 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0784712		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03062003 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CANTONE, ROBERT 6850 NW 20TH AVE FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name ARIE MREJEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK RD. SUITE 302 City FT. LAUDERDALE FL Zip Code 33309	
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 ARIE MREJEN DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$950.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICARD, CATHERINE 6850 NW 20TH AVE FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FLOOD, ANTONIETTE 1201 SW 26TH AVE, PMB 242 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANTONE, ROBERT 6850 NW 20 AVE FORT LAUDERDALE, FL 33309	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 exemption stated in Section 119.07(3)(i), 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: ANTONIETTE FLOOD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/12/04 Daytime Phone #	