

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069520

Entity Name: AEROSPACE PARTNERS, INC.

FILED  
Apr 05, 2005  
Secretary of State

## Current Principal Place of Business:

3399 NW SOUTH RIVER DRIVE  
MIAMI, FL 33142

## New Principal Place of Business:

282 CARABELA COURT  
CORAL GABLES, FL 33143

## Current Mailing Address:

2588 SW 27 AVE  
MIAMI, FL 33133 US

## New Mailing Address:

282 CARABELA COURT  
CORAL GABLES, FL 33143 US

FEI Number: 65-0855950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA  
2588 SW 27 AVE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

VICTOR BARED  
282 CARABELA COURT  
CORAL GABLES, FL 33143 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: VICTOR BARED

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARED, VICTOR  
Address: 4000 NW 28TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: P (X) Delete  
Name: BARED, JOSE  
Address: 4000 NW 28TH ST  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BARED, VICTOR  
Address: 282 CARABELA COURT  
City-St-Zip: CORAL GABLES, FL 33143

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 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 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: VICTOR BARED

PSD

04/05/2005

Electronic Signature of Signing Officer or Director

Date