2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P98000100619

Entity Name: AVIATION SPARES, INC.

Current Principal Place of Business:

6175 NW 167 ST. G-7
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6175 NW 167 ST. G-7
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0887326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, DORIS M
11930 NW 8 ST.
PLANTATION, FL 33325 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: WRIGHT, GREG P
Address: 16500 GOLF CLUB RD #106
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete
Name: WRIGHT, MARK
Address: 11930 NW 8 STREET
City-St-Zip: PLANTATION, FL 33325

Title: ST ( ) Delete
Name: WRIGHT, DORIS M
Address: 11930 NW 8 ST
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WRIGHT, DORIS M
Address: 11930 NW 8 ST
City-St-Zip: PLANTATION, FL 33325

Title: VD (X) Change ( ) Addition
Name: WRIGHT, GREG
Address: 960 AZURE LANE
City-St-Zip: WESTON, FL 33326

Title: ST (X) Change ( ) Addition
Name: WRIGHT, MARK J
Address: 11930 NW 8 ST
City-St-Zip: PLANTATION, FL 33325

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: DORIS M WRIGHT PD 04/28/2004

Electronic Signature of Signing Officer or Director Date