

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100619

Entity Name: AVIATION SPARES, INC.

FILED
Apr 24, 2009
Secretary of State

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:

WRIGHT, DORIS M
6175 NW 167 ST, G7
MIAMI, FL 33015 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: DORIS M WRIGHT

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: WRIGHT, GREG
Address: 169 MONTCLAIR
City-St-Zip: WESTON, FL 33326

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, DORIS M
Address: 6175 NW 167 ST, G7
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Change () Addition
Name: WRIGHT, MARK J
Address: 6175 NW 167 ST, G7
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DORIS M WRIGHT

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date