2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ~

FILED
Jan 23, 2006 08:00 AN
Secretary of State

Photopal Place of Boulmass 27 N. 6 STH. STREET MIMMI, FL 33138 DO NOT WRITE IN THIS SPACE 1042008 No Chg-P CR2E034 (1/105)	DOCUMENT # S08546 1. Entity Name AERO-TECH USA, INC.			Secretary of State					
DO NOT WRITE IN THIS SPACE 4. FEI Number	297 NE 67TH	H STREET	297 NE 67TH STREET						
STEINER, MICHAELS 297 NE 67TH ST MIAMI, FL 33138 BO NOT WRITE IN THIS SPACE 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 accent the obligations of registered agent and the disposable PMOTE Registered Agent agradure readed when initiating DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 PLESCION Campaign Financing \$5.00 May Be Added to Fees TILE NAME STEINER, MICHAELS STEINER, MICHAELS STEINER, WILLIAM K STEINER, WILLIAM K SIRELI ADDRESS CITY-SI-2P MIAMI, FL TILE NAME STREET ADDRESS CITY-SI-2P TILE NAME STREET ADRESS CITY-SI-2P TILE NAME STREET	D		CE	01042006 4. FEI Numb 59-115	No Chg-P er 50268	CR2E034 (11/05) Applied For Not Applicable dditional		
THE colligations of registered agent. SIGNATURE Signature, figured or photod name of registered agent and site if appointed in the product of the production of the page and a point of the page a	297 NE 67 MIAMI, FL	MICHAEL S TH ST 33138	IN THIS SPACE						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE NAME STEEINER, MICHAEL S 297 NE 67TH ST MIAMI, FL TULE NAME STEEINER, WILLIAM K 297 NE 67TH ST MIAMI, FL TULE NAME STREFADORESS GIY-SI-2P MIAMI, FL TULE NAME STREFADORESS GIY-SI-2P TULE NAME NAME STREFADORESS GIY-SI-2P TULE NAME NAME NAME STREFADORESS GIY-SI-2P TULE NAME NAME NAME STREFADORESS GIY-SI-2P TULE NAME NAME NAME NAME NAME STREFADORESS GIY-SI-2P TULE NAME NAME NAME NAME NAME NAME NAME NAM	the obligations of registered agent. SIGNATURE								
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NAME SIREFI ADDRESS CITY-ST-ZIP TITLE NAME	name Street address				IN	THIS SF	PACE		
NAME	name Street address								
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quarky for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 direct	NAME Street address City-St-Zip	certify that the information supplied with t	his filling does not quality for the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I	further certify that the	information	

DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR