


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V07365</b> 1. Entity Name AIRCRAFT PARTS SALES, INC.	
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Principal Place of Business 3775 NW 145 ST BLDG 411 OPA LOCKA, FL 33054 US	Mailing Address 1000 BRICKELL KEY DRIVE SUITE 900 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



09012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0320333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RICARDO BAJANDAS, PA 1000 BRICKELL KEY AVE SUITE 900 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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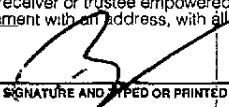
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARELLANO, PATRICK 16460 SOUTH POST RD., UNIT 103 WESTON, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAJANDAS, RICARDO 1000 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

U000000171703  
09/08/04-80002-004 \$50.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
9/7/04 (38) 377-0809 <small>Date Daytime Phone #</small>