

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 08, 2009
Secretary of State**

DOCUMENT# P07000051292

Entity Name: AERO COMPONENTS SUPPLIES CORP.

Current Principal Place of Business:

5900 NW 97 AVE STE 3
DORAL, FL 33178

New Principal Place of Business:

8730 N.W, 99 STREET
MEDLEY, FL 33178

Current Mailing Address:

5900 NW 97 AVE STE 3
DORAL, FL 33178

New Mailing Address:

8730 N.W, 99 STREET
MEDLEY, FL 33178

FEI Number: 26-0289878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTELA, RAMON
3630 JUSTIN ROAD
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

VAIL, WILSON K
840 CYPRESS POINTE DR. W
PEMBROKE PINES, FL 33027 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: WILSON K VAIL 08/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PORTELA, RAMON
Address: 3630 JUSTISON ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: ALEMAN, HUMBERTO
Address: 13050 SAN MATEO
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Delete
Name: VAIL, WILSON K
Address: 840 CYPRESS POINTE DR W
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAIL, WILSON K
Address: 840 CYPRESS POINTE DR. W
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: VAIL, DAVID
Address: 8500 NW 4TH TERRACE #3
City-St-Zip: MIAMI, FL 33126

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: DAVID VAIL D 08/08/2009
Electronic Signature of Signing Officer or Director Date