


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 522065
 1. Entity Name
 AVIONICS & AIRCRAFT SYSTEMS, INC.



Principal Place of Business 7110 NW 52ND ST. P O BOX 523929 MIAMI, FL 33152-3929 US	Mailing Address 7110 NW 52ND ST. P O BOX 523929 MIAMI, FL 33152-3929 US
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04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1709651	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURCIA, JESUS
 7211 SW 130 AVENUE
 MIAMI, FL 33183

DO 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURCIA, JESUS 7211 SW 130 AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURCIA, LUCILA BECI 7211 S.W. 130TH AVE. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/16/07-80037-011 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 and other like empowered.

SIGNATURE:  DATE: 04/04/2007 DAYTIME PHONE #: 305-593-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR