2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90331 042 ***150.00

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Entity Name
BECKER AVIONICS, INC.

14001309

Principal Place of Business	Mailing Address
10830 NW 27TH STREET MIAMI, FL 33172	10830 NW 27TH STREET MIAMI, FL 33172

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2103755
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, WILLIAM S ESQ
ONE BOCA PLACE, SUITE 411-E
2255 GLADES RD.
BOCA RATON, FL 33431-7383

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 Buenaventura Rigol 2.24.04
Sign here, type or print name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. Becker Avionics, Inc. 10376 USA Today Way Miramar FL 33025

TITLE	DCP
NAME	BECKER, ROLAND
STREET ADDRESS	10830 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VS
NAME	KRAMER, WILLIAM S
STREET ADDRESS	ONE BOCA PALCE,SUITE 411-E 2255 GLADES RD
CITY-ST-ZIP	BOCA RATON, FL 334317383
TITLE	V
NAME	BUENAVENTURA, RIGOL
STREET ADDRESS	10830 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Buenaventura Rigol 4-2-04 954-450-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #