

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008724

Entity Name: EXPERIENCE AVIATION INC.**Current Principal Place of Business:**14850 NW 44TH COURT
203
MIAMI, FL 33054**Current Mailing Address:**14850 NW 44TH COURT
203
MIAMI, FL 33054 US**FEI Number:** 75-3200386**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IRVING, BARRINGTON
14850 NW 44TH COURT
203
MIAMI, FL 33054 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name IRVING, BARRINGTON
Address 14850 NW 44TH COURT
 203
City-State-Zip: MIAMI FL 33054

Title DIRECTOR
Name BROWN, RAJEEV
Address 14850 NW 44TH COURT
 203
City-State-Zip: MIAMI FL 33054

Title DIRECTOR
Name ROBERTS, DARRELL
Address 6400 NW 22ND STREET
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name GREENWALD, ERIC
Address 15000 NW 44TH AVE
City-State-Zip: MIAMI FL 33054

Title TREASURER
Name MOISE, MICHELE
Address 2537 DEWEY STREET
City-State-Zip: HOLLYWOOD FL 33020

Title ATTORNEY
Name HILL, MARLON
Address 200 S. BISCAYNE BLVD SUITE 2750
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN
Name ALEXANDER, FABIO
Address 15001 NW 42ND AVE
City-State-Zip: MIAMI FL 33054

Title DIRECTOR
Name DUCANES, KRISTINA & JD
Address 815 N HOMESTEAD BLVD
 PMB 157
City-State-Zip: HOMESTEAD FL 33030

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRINGTON IRVING**PRESIDENT****04/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARPER, LAUREN
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name GOLDBERG, LEONARD
Address 1420 LEE WAGENER BLVD
City-State-Zip: FORT LAUDERDALE FL 33315

Title DIRECTOR
Name ABESS, ASHLEY
Address 15000 NW 44TH AVE
City-State-Zip: MIAMI FL 33054

Title DIRECTOR
Name ROBBINS, STEPHANIE
Address 14850 NW 44TH COURT
203
City-State-Zip: MIAMI FL 33054