

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010886

**Entity Name:** USNSCC ETPAA, INC.

**Current Principal Place of Business:**

U.S. COAST GUARD AIR STATION  
OPA-LOCKA AIRPORT  
OPA LOCKA, FL 33054

**Current Mailing Address:**

P.O. BOX 14-3142  
CORAL GABLES, FL 33114

**FEI Number:** 46-5309513

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALFARO, NELSON I ESQ.  
4000 PONCE DE LEON BLVD.  
470  
CORAL GABLES, FL 33146 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 P  
Name ALFARO, NELSON I ESQ.  
Address P.O. BOX 14-3142  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name GILSON, ALEX  
Address P.O. BOX 14-3142  
City-State-Zip: CORAL GABLES FL 33114

Title TRES  
Name GIL, NOEL  
Address P.O. BOX 14-3142  
City-State-Zip: CORAL GABLES FL 33114

Title SEC  
Name CAPOTE, MIKE  
Address P.O. BOX 14-3142  
City-State-Zip: CORAL GABLES FL 33114

*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:** NELSON I ALFARO

**PRES**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date