

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000974

**FILED**  
**Jan 08, 2019**  
**Secretary of State**  
**1353670259CC**

**Entity Name:** FLORIDA AVIATION PHOTOGRAPHY INC.

**Current Principal Place of Business:**

11704 SW 129 CT  
MIAMI, FL 33186

**Current Mailing Address:**

11704 SW 129 CT  
MIAMI, FL 33186 US

**FEI Number: 81-5183241**

**Certificate of Status Desired: No**

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

LOPEZ, VICTOR  
11704 SW 129 CT  
MIAMI, FL 33186 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 LOPEZ, VICTOR  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title T  
Name COOK, KEVIN  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title VP  
Name ATAPATTU, SURESH  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title S  
Name SONDERLING, KEITH  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title D  
Name MORALES, DANIEL  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title D  
Name CORDERO, LUIMER  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title D  
Name MARQUEZ, STEVEN  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

Title D  
Name GUAL, EDDY  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186

**Continues on page 2**

*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: KEITH SONDERLING**

**SECRETARY**

**01/08/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name CAVALLO, JOSEPH  
Address 11704 SW 129 CT  
City-State-Zip: MIAMI FL 33186