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

PRESIDENT

#### SIGNATURE: MARC ABRAMS

Electronic Signature of Signing Officer/Director Detail

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P05000150101

## Entity Name: CAPE AEROSPACE REPAIR SERVICES, INC.

## **Current Principal Place of Business:**

2634 NE 9TH AVENUE SUITE 5 CAPE CORAL, FL 33909

#### **Current Mailing Address:**

2634 NE 9TH AVENUE SUITE 5 CAPE CORAL, FL 33909

## FEI Number: 22-3918017

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

## Officer/Director Detail :

Title	PT	Title	S
Name	ABRAMS, MARC J	Name	ABRAMS, MARCIE A
Address	2634 NE 9TH AVE., SUITE 5	Address	2634 NE 9TH AVE., SUITE 5
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909

ed office or registered agent, or both, in the State of Florida. Date

Certificate of Status Desired: Yes

#### FILED Mar 13, 2018 Secretary of State CC7021938983

03/13/2018 Date