| MARTINEZ ZAM<br>11630 SW 181 S<br>MIAMI, FL 3315 |  |                           |  |            |
|--|--|---------------------------|--|------------|
| The above named                                  | entity submits this statement for the purpose of changing it | s registered office or re | gistered agent, or both, in the State of Flo | orida.     |
| SIGNATURE  | : LUIS ENRIQUE MARTINEZ ZAMBRANO                             |                           |  | 03/15/2022 |
| Electronic Signature of Registered Agent         |  |                           |  | Date       |
| Officer/Direc                                    | ctor Detail :  |                           |  |            |
| Title  | D, P   | Title                     | D, VP  |            |
|  | MARTINEZ ZAMBRANO, LUIS<br>ENRIQUE                           | Name                      | VASQUEZ VILLEGAS, NATALI                     | ΑB         |
|  |  | Address                   | 11630 SW 181 ST TERRACE                      |            |

City-State-Zip:

MIAMI FL 33157

11630 SW 181 ST TERRACE MIAMI, FL 33157

DOCUMENT# P17000097666

Entity Name: ATA 5 AVIATION, INC.

**Current Principal Place of Business:** 

## **Current Mailing Address:**

11630 SW 181ST TER MIAMI, FL 33157 US

## FEI Number: 82-3876090

## Name and Address of Current Registered Agent:

11630 SW 181 ST TERRACE

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

City-State-Zip: MIAMI FL 33157

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.

SIGNATURE: MARTINEZ ZAMBRANO, LUIS ENRIQUE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

D, P

Address

MAR 1163