## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000662

Entity Name: AERO MEDICAL INTERNATIONAL, INC.

**Current Principal Place of Business:** 

1745 NW 51 PLACE, HANGAR 73 FORT LAUDERDALE. FL 33309

**Current Mailing Address:** 

1745 NW 51 PLACE, HANGAR 73 FORT LAUDERDALE. FL 33309

FEI Number: 45-4120531 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYMAN, STUART 1745 NW 51 PLACE, HANGAR 73 FORT LAUDERDALE, FL 33309 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: STUART HAYMAN 01/30/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **SECRETARY** 

TROIANO, JOHN MAROLDA, ANDREW Name Name 489 FIFTH AVENUE 489 FIFTH AVENUE Address Address

19TH FLOOR 19TH FLOOR

City-State-Zip: NEW YORK NY 10017 City-State-Zip: NEW YORK NY 10017

Title DIRECTOR Title **DIRECTOR** 

Name WILLENS, DAVID A Name BROWN, ANDREW

1745 NW 51 PLACE, HANGAR 73 489 FIFTH AVENUE Address Address

19TH FLOOR FORT LAUDERDALE FL 33309 City-State-Zip:

City-State-Zip: NEW YORK NY 10017

Title CEO Title COO

HAYMAN, STUART Name Name WEISZ, BRIAN

1745 NW 51 PLACE, HANGAR 73 1745 NW 51 PLACE, HANGAR 73 Address City-State-Zip: FORT LAUDERDALE FL 33309 City-State-Zip: FORT LAUDERDALE FL 33309

Title CMO

Address

Name BERCOVICI, JACOB

Address 1745 NW 51 PLACE, HANGAR 73 City-State-Zip: FORT LAUDERDALE FL 33309

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.

01/30/2014 SIGNATURE: STUART HAYMAN CEO

**FILED** Jan 30, 2014

**Secretary of State** 

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