

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001147

**Entity Name:** ARI BEN AVIATOR, INC.

**Current Principal Place of Business:**

3800 ST LUCIE BLVD  
FORT PIERCE, FL 34946

**Current Mailing Address:**

3800 ST LUCIE BLVD  
FORT PIERCE, FL 34946

**FEI Number:** 75-1978920

**Certificate of Status Desired:** Yes

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

COHEN, MICHAEL E  
3800 ST LUCIE BLVD  
FORT PIERCE, FL 34946 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 PSTD  
Name COHEN, MICHAEL E  
Address 3800 ST LUCIE BLVD  
City-State-Zip: FORT PIERCE FL 34946

*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:** MICHAEL E COHEN

**PRESIDENT**

**02/04/2016**

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

\_\_\_\_\_  
Date