


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L44648</b><br>1. Entity Name<br>SUPERIOR AVIONICS, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>2700 NW 62ND ST<br>SUITE D121<br>FT. LAUDERDALE, FL 33309 US | Mailing Address<br>5901 NW 24TH WAY<br>FT. LAUDERDALE, FL 33309 US |
|---|--|



01032007 No Chg-P CR2E034 (11/05)

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|   |   |
|---|---|
| 4. FEI Number<br>65-0185456                               | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>HANKINS, TIMOTHY N<br>5901 NW 24TH WAY<br>FORT LAUDERDALE, FL 33309 |
|---|

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HANKINS, TIMOTHY N.<br>1210 NW 19TH TERRACE<br>DELRAY BEACH, FL 33445 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/17/07-80025-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2007

Date

954-917-9194

Daytime Phone #