

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M15848 1. Entity Name F & F AVIONICS PRECISION, INC.			
Principal Place of Business % FRANCISCO J. GONZALEZ 7705 S.W. 66 STREET MIAMI, FL 33143		Mailing Address % FRANCISCO J. GONZALEZ 7705 S.W. 66 STREET MIAMI, FL 33143	
DO NOT WRITE IN THIS SPACE			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2568620	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, FRANCISCO J. 7705 S.W. 66 STREET MIAMI, FL 33143		DO NOT WRITE 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000528820 05/05/06-80052-024 150.00	
TITLE	DT		
NAME	GONZALEZ, FRANCISCO J.		
STREET ADDRESS	7705 S.W. 66 STREET		
CITY-ST-ZIP	MIAMI, FL 33143		
TITLE	V		
NAME	GONZALEZ, MARIA R.		
STREET ADDRESS	7705 SW 66 ST.		
CITY-ST-ZIP	MIAMI, FL 33143		
TITLE		DO NOT WRITE IN THIS SPACE	
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NAME		DO NOT WRITE IN THIS SPACE	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 4/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	