

2608 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90007 025 ***150.00

DOCUMENT # M56197		
1. Entity Name AVIONIC INDUSTRIES, INC.		
Principal Place of Business 444 GROVE LANE SUITE 104 MELBOURNE FL 32901 US		Mailing Address 444 GROVE LANE SUITE 104 MELBOURNE FL 32901 US

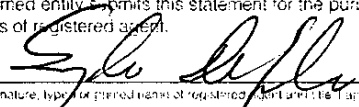


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0010450		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DELGADO, GONZALO F 579 HWY A1A C-501 SATELLITE BEACH FL 32937		7. Name and Address of New Registered Agent Name: DELGADO, GONZALO F Street Address (P.O. Box Number is Not Acceptable): 444 GROVE LANE SUITE 104 City: MELBOURNE FL Zip Code: 32901

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.

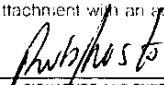
SIGNATURE  **GONZALO DELGADO** PRESIDENT **2/18/08**
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when submitting.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DELGADO, GONZALO F 579 HIGHWAY A1A C-501 SATELLITE BEACH FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DELGADO, GONZALO F 444 GROVE LANE, SUITE 104 MELBOURNE, FL. 32901 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, RUBEN 3161 RED SAILS CT MERRITT ISLAND FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **RUBEN ACOSTA** VICE PRESIDENT **2/18/08** (321) 722-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #