2008 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	Mailing Address
444 GROVE LANE SUITE 104 MELBOURNE FL 32901 US	444 GROVE LANE SUITE 104 MELBOURNE FL 32901 US

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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: [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 reinstating) 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

TITLE	PSD	☐ Delete
NAME	DELGADO, GONZALO F	
STREET ADDRESS	579 HIGHWAY A1A C-501	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	V	☐ Delete
NAME	ACOSTA, RUBEN	
STREET ADDRESS	3161 RED SAILS CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☒ Change ☐ Addition
NAME	DELGADO, GONZALO F	
STREET ADDRESS	444 GROVE LANE, SUITE 104	
CITY-ST-ZIP	MELBOURNE, FL. 32901	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [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 #