

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101505

FILED
Apr 27, 2005
Secretary of State

Entity Name: AVIATION SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

4980 SW 52ND STREET
BAY 118
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4980 SW 52ND STREET
BAY 118
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 11-3654412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOHAIL, ASIF
10659 NW 2ND CIRCLE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOHAIL, ASIF MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SVTD () Delete
Name: SOHAIL, NIBEELA MRS
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD () Delete
Name: SOHAIL, HAMZA MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: SOHAIL, HARI S MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: SOHAIL, TANIA H MS
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ASIF SOHAIL

PD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date