

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101505

FILED
Apr 29, 2010
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:

4650 SW 51ST
BAY 709
DAVIE, FL 33314 US

Current Mailing Address:

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

New Mailing Address:

4650 SW 51ST
BAY 709
DAVIE, FL 33314 US

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

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

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

Title: VP
Name: SOHAIL, HARIS T MR
Address: 10659 NW 2ND CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33026

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

I hereby 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 all other like empowered.

SIGNATURE: ASIF SOHAIL

PD

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date