

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101505

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** AVIATION SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

1824 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

1824 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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 MR  
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

**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

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

04/28/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date