

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90041 013 ***150.00

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1. Entity Name

AERO COMPONENTS INTERNATIONAL CORP.



Principal Place of Business

5900 NW 97 AVE
BAY 3
DORAL, FL 33178

Mailing Address

5900 NW 97 AVE
BAY 3
DORAL, FL 33178

40010664



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1395315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PORTEL, RAMON
5900 NW 97 AVE
BAY 3
DORAL, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	PORTELA, RAMON
STREET ADDRESS	5900 NW 97 AVE, BAY 3
CITY-STATE-ZIP	DORAL, FL 33178
TITLE	PT
NAME	ALEMAN, HUMBERTO
STREET ADDRESS	5900 NW 97 AVE, BAY 3
CITY-STATE-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

305-463-8797

Daytime Phone #