

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90179 033 \*\*\*158.75

**DOCUMENT # P07000035710**

1. Entity Name  
**AEROELECTRONICA INTERNATIONAL INC.**



Principal Place of Business  
**1811 NW 51 ST,  
HANGAR 42E  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1811 NW 51 ST,  
HANGAR 42E  
FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #  
**10297 NW 46 ST**

3. Mailing Address  
**10297 NW 46 ST**

Suite, Apt. #, etc.  
**UNITED # 1**

Suite, Apt. #, etc.  
**UNITED # 1**

City & State  
**Sunrise - Florida**

City & State  
**Sunrise - Florida**

Zip  
**33351**

Country  
**USA**

Zip  
**33351**

Country  
**USA**

04302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8680077**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PACATEQUE, RICARDO  
1811 NW 51 ST  
HANGAR 42E  
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name **PACATEQUE, RICARDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**10297 NW 46 ST UNITED # 1**  
City **Sunrise** FL Zip Code **33351**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **PACATEQUE, RICARDO**  
STREET ADDRESS **1811 NW 51 ST, HANGAR 42E**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **VP** ☒ Delete  
NAME **MARIN, ALVARO**  
STREET ADDRESS **1971 NW 96 TERR**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

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 **P** ☐ Change ☐ Addition  
NAME **PACATEQUE, RICARDO**  
STREET ADDRESS **10297 NW 46 ST UNITED # 1**  
CITY-ST-ZIP **Sunrise - FL 33351**

TITLE **VP** ☐ Change ☐ Addition  
NAME **MARIN, ALVARO**  
STREET ADDRESS **14359 Miramar Pkwy #120**  
CITY-ST-ZIP **MIRAMAR - FL 33026**

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 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

Date

Daytime Phone #