

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092677

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** AVIATION TECHNICAL ALLIANCE, INC.

**Current Principal Place of Business:**

4980 SW 52ND STREET  
101  
DAVIE, FL 33314 US

**New Principal Place of Business:**

1824 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

4980 SW 52ND STREET  
101  
DAVIE, FL 33314

**New Mailing Address:**

1824 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**FEI Number:** 26-0768174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOHAIL, ASIF  
4980 SW 52ND STREET  
101  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

SOHAIL, ASIF MR  
10659 NW 2 CIR  
PEMBROKE PINES, FL 33026 US

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: ASIF SOHAIL

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOHAIL, ASIF  
Address: 10659 NW 2 CIR  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: SD  
Name: SOHAIL, NIBEELA MRS  
Address: 10659 NW 2 CIR  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VPD  
Name: SOHAIL, HARRIS MR  
Address: 10659 NW 2 CIR  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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

04/30/2011

Electronic Signature of Signing Officer or Director

Date