

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000005216

1. Entity Name
AVIONIC 2000, INC.



Principal Place of Business
8902 N.W. 121 TERR.
HIALEAH GARDENS, FL 33018

Mailing Address
8902 N.W. 121 TERR.
HIALEAH GARDENS, FL 33018

DO NOT WRITE IN THIS SPACE

**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 90511 027 ***150.00



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0469617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, SAUL
8902 N.W. 121 TERR.
HIALEAH GARDENS, FL 33018

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, SAUL 8902 N.W. 121 TERR. HIALEAH GARDENS, FL 33018
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sig. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2004 305 5926225
Date Daytime Phone #