

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


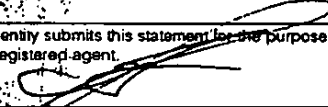
FILED
Feb 28, 2005 8:00 am
Secretary of State

01-27-2005 90052 016 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P94000022699					
1. Entity Name AVCOM AVIONICS & INSTRUMENTS INC.					
Principal Place of Business 3008 N.W. 82 AVE MIAMI FL 33122 US			Mailing Address 3008 N.W. 82 AVE MIAMI FL 33122 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-9561686	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, ROLANDO 3008 N.W. 82 AVE MIAMI FL 33122			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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  ROLANDO SUAREZ PRESIDENT 1-21-05					
Signature of Registered Agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, ROLANDO		NAME		
STREET ADDRESS	119 PALOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL 33148		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CASTILLO, PATRICIA		NAME		
STREET ADDRESS	119 PALOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	CORAL GABLES FL 33148		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: ROLANDO SUAREZ, PRESIDENT AVCOM AVIONICS & INSTRUMENTS INC 2-25-05 305.436-0300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					