

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070521

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: AVIOTEK INSTRUMENTS & ACCESSORIES, INC.

**Current Principal Place of Business:**

11860 STATE ROAD 84  
B9  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

11860 STATE ROAD 84  
B9  
DAVIE, FL 33325 US

**New Mailing Address:**

FEI Number: 65-0608857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ONTANEDA, INDIRA  
13001 S.W. 29 CT  
DAVIE, FL 33330 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ONTANEDA, CESAR N  
Address: 13001 S.W. 29 CT.  
City-St-Zip: DAVIE, FL 33330

Title: VP ( ) Delete  
Name: ONTANEDA, INDIRA  
Address: 13001 S.W. 29 CT  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: INDIRA ONTANEDA

VP

02/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date