

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 050 ***150.00

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1. Entity Name
NEW AVIONICS CORPORATION

Principal Place of Business
**2631 EAST OAKLAND PARK BLVD. #204
FORT LAUDERDALE, FL**

Mailing Address
**C/O STUART S. ROSENTHAL, ESQ.
404 EAST ATLANTIC BOULEVARD, #101
FORT LAUDERDALE, FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0693706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENTHAL, STUART S ESQ
404 E ATLANTIC BLVD
SUITE 101
POMPANO BEACH, FL 33060**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HACKMEISTER, RICHARD**
STREET ADDRESS **2631 EAST OAKLAND PARK BLVD. #204**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE **D** ☐ Delete
NAME **ROSENTHAL, STUART S**
STREET ADDRESS **404 E ATLANTIC BLVD., SUITE 101**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Delete
NAME **SHROADS, J P**
STREET ADDRESS **750 NORTH OCEAN BLVD. #504**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **D** ☐ Delete
NAME **ZIMMERMAN, TERRY A**
STREET ADDRESS **2274 TRAFALGAR COURT**
CITY-ST-ZIP **HENDERSON, NV 89074**

TITLE **D** ☐ Delete
NAME **MALTZ, GERALD S**
STREET ADDRESS **ONE LAS OLAS CIRCLE #1107**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **MALTZ, GERALD S**
CITY-ST-ZIP **46 UNION AVENUE
CENTER MORRIS NY 11934**

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

RICHARD HACKMEISTER

2-14-05

Date

954-568-1591

Daytime Phone #