## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000076553

MALTZ, GERALD S

2631 EAST OAKLAND PARK BLVD. #204

FORT LAUDERDALE, FL 33306

Name:

Address:

City-St-Zip:

Entity Name: NEW AVIONICS CORPORATION

FILED Mar 09, 2007 Secretary of State

Littly Na	ille. NEVV AV	ONICS CORFORATION			
Current Principal Place of Business:			New Principal Place	of Business:	
	T OAKLAND P JDERDALE, F	ARK BLVD. #204 L			
Current Mailing Address:			New Mailing Address:		
404 EAST	ART S. ROSEN ATLANTIC BO JDERDALE, F	DULEVARD, #101			
FEI Number: 65-0693706 FEI Number Applied For		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
404 E ATL SUITE 101	HAL, STUART ANTIC BLVD I D BEACH, FL				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Age			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HACKMEISTER 2631 EAST OA	) Delete R, RICHARD KLAND PARK BLVD. #204 DALE, FL 33306	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENTHAL, \$	) Delete STUART S C BLVD., SUITE 101 ACH, FL 33060	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SHROADS, J F 2631 EAST OA	) Delete KLAND PARK BLVD. #204 DALE, FL 33306	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ZIMMERMAN, 2631 EAST OA	) Delete FERRY A KLAND PARK BLVD. #204 DALE, FL 33306	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STUART S ROSENTHAL D 03/09/2007