



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90028 036 ***150.00

DOCUMENT # S82136 1. Entity Name AVIATION TEST EQUIPMENT, INC.					
Principal Place of Business 111 NW 160TH STREET MIAMI, FL 33169			Mailing Address 111 NW 160TH STREET MIAMI, FL 33169		
2. Principal Place of Business 8017 NW 54 Street Suite, Apt. #, etc. Miami FL		3. Mailing Address 8017 NW 54 St Suite, Apt. #, etc. Miami FL		34040010 	
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0294736	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRO, MIGUEL 9021 S W 187TH TERRACE MIAMI, FL 33169				7. Name and Address of New Registered Agent Name BORRO MIGUEL Street Address (P.O. Box Number is Not Acceptable) 9839 SW 118 Ave City MIAMI FL Zip Code 33186	
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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRO, MIGUEL <input type="checkbox"/> Delete 9021 S W 187TH TERR MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORRO MIGUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9839 SW 118 AVE MIAMI FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKENS, MICHAEL <input type="checkbox"/> Delete 111 NW 160TH STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKENS MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8017 NW 54 STREET MIAMI FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael Pickens Michael Pickens</u> 29 Mar 2004 305 717 9951 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					