

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # S82136

1. Entity Name  
AVIATION TEST EQUIPMENT, INC.



Principal Place of Business  
8017 NW 54 STREET  
MIAMI, FL 33166

Mailing Address  
8017 NW 54 STREET  
MIAMI, FL 33166



01272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0294736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORRO, MIGUEL  
9839 SW 118 AVE.  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BORRO, MIGUEL  
9839 SW 118 AVE.  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PICKENS, MICHAEL  
8017 NW 54 ST.  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000614010  
02/06/07-80008-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Pickens*

29 Jan 07

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