

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35625

FILED  
May 19, 2011  
Secretary of State

**Entity Name:** SHERWOOD AVIONICS AND ACCESSORIES, INC.

**Current Principal Place of Business:**

1951 NW 93RD AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

4690 NW 128 STREET  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

1951 NW 93RD AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

4690 NW 128 STREET  
OPA-LOCKA, FL 33054

FEI Number: 65-0401687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARRELL, BARBARA  
5101 SAXON CIR W  
SOUTHWEST RANCHES, FL 33331 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FARRELL, BARBARA  
Address: 5101 SAXON DR. WEST  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: DS  
Name: FARRELL, BRENDON  
Address: 5101 SAXON DR. WEST  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: BRENDON FARRELL

DS

05/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date