

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 333571

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC8359993881**

**Entity Name:** AERO PRECISION PRODUCTS INC

**Current Principal Place of Business:**

14000 N.W. 19TH AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

14000 N.W. 19TH AVE  
OPA LOCKA, FL 33054

**FEI Number:** 59-1216902

**Certificate of Status Desired:** No

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

FOURNIER, PAUL RPRESIDE  
14000 NW 19TH AVE  
OPA LOCKA, FL 33054 US

*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

**Officer/Director Detail :**

Title P  
Name FOURNIER, PAUL R  
Address 14000 NW 19TH AVE  
City-State-Zip: OPA LOCKA FL 33054

Title D  
Name FOURNIER, PAUL R  
Address 14000 NW 19TH AVE  
City-State-Zip: OPA LOCKA FL

Title SECRETARY  
Name BALDWIN, CHRISTINE F  
Address 14000 N.W. 19TH AVE  
City-State-Zip: OPA LOCKA FL 33054

Title VP  
Name FOUT, ROBERT  
Address 14000 N.W. 19TH AVE  
City-State-Zip: OPA LOCKA FL 33054

*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:** FOURNIER, PAUL, R

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date