

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000002156

**Entity Name:** FLIGHT SIMULATOR MIAMI, INC.

**Current Principal Place of Business:**

16950 N BAY ROAD.  
APT # 2501  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16950 N BAY ROAD.  
APT # 2501  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 46-4507443

**Certificate of Status Desired:** No

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

SUAREZ, SAUL  
16950 N BAY ROAD.  
APT # 2501  
SUNNY ISLES BEACH, FL 33160 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 SUAREZ, SAUL  
Address 16950 N BAY ROAD.  
APT # 2501  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SAUL SUAREZ

**PRESIDENT**

**04/07/2015**

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

\_\_\_\_\_  
Date