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: CARLOS POL

Electronic Signature of Signing Officer/Director Detail

07/13/2024 Date

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.

Officer/Director Detail :					
Title	PD	Title	SD		
Name	POL, CARLOS	Name	POL, CARLOS		
Address	16250 NW 59 AVE # 208	Address	16250 NW 59 AVE # 208		
City-State-Zip:	MIAMI FL 33014	City-State-Zip:	MIAMI FL 33014		

SIGNATURE: CARLOS POL					
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	PD	Title	SD		
Name	POL, CARLOS	Name	POL. CARLOS		

Name and Address of Current Registered Agent:

POL, CARLOS 16250 NW 59 AVE # 208

MIAMI LAKES, FL 33014 US

Current Mailing Address:

208

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022699

Entity Name: AVCOM AVIONICS & INSTRUMENTS INC.

Current Principal Place of Business:

16250 NW 59 AVE # 208 MIAMI LAKES, FL 33014

16250 NW 59 AVE MIAMI LAKES, FL 33014 US

FEI Number: 65-0489925

FILED Jul 13, 2024 Secretary of State 3510899011CC

Certificate of Status Desired: No