2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047171

Entity Name: AVAIRPROS PROJECTS, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DRIVE STE 300

NAPLES, FL 34108

Current Mailing Address:

5551 RIDGEWOOD DRIVE STE 300 NAPLES, FL 34108 US

FEI Number: 59-3514917 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMKOVICH, PAUL B 5551 RIDGEWOOD DRIVE STE 300 NAPLES, FL 34108 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: PAUL B. DEMKOVICH 01/28/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR STROHM, PHILLIP A Name Name

5551 RIDGEWOOD DRIVE STE 300 5551 RIDGE DRIVE STE 300 Address

City-State-Zip: NAPLES FL 34108 NAPLES FL 34108 City-State-Zip:

Title DIRECTOR/CHAIRMAN OF THE

BOARD

Name CHIVINGTON, STEVEN P

5551 RIDGEWOOD DRIVE STE 300 Address

City-State-Zip: NAPLES FL 34108

Title CS

Name MCCARTHY, KATE

Address 5551 RIDGEWOOD DR.STE 300

City-State-Zip: NAPLES FL 34108

Title **PRESIDENT** Name SALOMON, LUIS

5551 RIDGEWOOD DRIVE STE 300 Address

City-State-Zip: NAPLES FL 34108 Title DIRECTOR, CFO

DEMKOVICH, PAUL B

Address

DIRECTOR Title

Name ROSS, MATTHEW

Address 5551 RIDGEWOOD DRIVE STE 300

FILED Jan 28, 2019

Secretary of State

9930191241CC

Date

NAPLES FL 34108 City-State-Zip:

Title CEO. DIRECTOR

Name CASTO, GREG

Address 5551 RIDGEWOOD DRIVE STE 300

City-State-Zip: NAPLES FL 34108

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.

01/28/2019 SIGNATURE: KATE MCCARTHY CORPORATE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date