


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H20679
 1. Entity Name
AUTO AIR TECH, INC.



| | |
|---|---|
| Principal Place of Business 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON, FL 33498 | Mailing Address 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON, FL 33498 |
|---|---|



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number 59-2452937 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

SVITAK, CHARLES J.
9680 MAJESTIC WAY
BOYNTON BEACH, FL 33437

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SVITAK, CHARLES J. 9680 MAJESTIC WAY BOYNTON BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STAFFORD, RAY C. 1502 WHITEHALL DR #406 FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SVITAK, YOLANDA 9680 MAJESTIC WAY BOYNTON BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STAFFORD, EMOGENE 1502 WHITEHALL DR #406 FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/16/04-80040-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles J. Svitek **4-9-04** **561 482-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2886