

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 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**



03162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2452937</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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	
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 04/27/07-80070-013 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

**SIGNATURE:** *Charles J. Svitek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 561-482-2886  
Date Daytime Phone #