

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20679

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: AUTO AIR TECH, INC.

**Current Principal Place of Business:**

10018 SPANISH ISLES BLVD.  
BAY 58A  
BOCA RATON, FL 33498

**New Principal Place of Business:**

10018 SPANISH ISLES BLVD.  
BAY 58  
BOCA RATON, FL 33498

**Current Mailing Address:**

10018 SPANISH ISLES BLVD.  
BAY 58A  
BOCA RATON, FL 33498

**New Mailing Address:**

10018 SPANISH ISLES BLVD.  
BAY 58  
BOCA RATON, FL 33498

FEI Number: 59-2452937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SVITAK, CHARLES J.  
Address: 9680 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL

Title: DV ( ) Delete  
Name: STAFFORD, RAY C.  
Address: 1502 WHITEHALL DR #406  
City-St-Zip: FT. LAUDERDALE, FL

Title: T ( ) Delete  
Name: SVITAK, YOLANDA  
Address: 9680 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL

Title: S ( ) Delete  
Name: STAFFORD, EMOGENE  
Address: 1502 WHITEHALL DR #406  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES SVITAK

DP

03/13/2009

Electronic Signature of Signing Officer or Director

Date