2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

May 05, 2004 8:00 am Secretary of State **DOCUMENT # P00000102078** 1. Entity Name 05-05-2004 90211 023 ***150.00 AIR FACTORY INC. Principal Place of Business Mailing Address 851 SW 70 WAY 851 SW 70 WAY N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 2. Principal Place of Business 1426 NW112 GCC 1426 NW 112 TEPP. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1055243 Cofgl Springs Coss Springs Not Applicable Country しく Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROTHMAN, MELVIN 851 SW 70 WAY N. LAUDERDALE FL 33068 Zip Code 3307 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition Brethman Melvin BROTHMAN, MELVIN NAME NAME STREET ADDRESS 1426 NW 113 TOPP 851 SW 70 WAY STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP LOTS SPINSS FI 33071 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Melvin Brothman 4/29/04 954757-5585
DIRECTOR Date Daytime Phone +