## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 24, 2005 00.00		
DOCUMENT # P02000024861  1. Entity Name RECAIR CORP.				S	ecretary of Stat	
Principal Plac 8528 NW 85 MIAMI, FL 3		Mailing Address 3529 SW 112TH PL MIAMI, FL 33165	3- 1-12	 		TE BRAND HUN DING FORM DIRECTORS IN COM
DO NOT WRITE IN THIS SPACE			CE	01072005 No Chg-P CR2E034 (10/03)  4. FEI Number		
GONZALEZ, RECAREDO R 8528 NW 8 ST MIAMI, FL 33126			DO NOT WRITE IN THIS SPACE			
S. 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, typod or printed name of registered agent and tide If applicable  (NOTE Registered Agent signature required whon reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees						
	OFFICERS AND D	5-6-6-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5				and the second s
10. YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT GONZALEZ, RECADERO R 8528 NW 8 ST MIAMI, FL 33126	RECIONS			U000 01/25/0	000194484 05-80093-013 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W	
CITY-ST-ZIP  TITLE  NAME  STRICET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						
<ol> <li>12. I hereby of indicated of the corp changed.</li> </ol>	certify that the information supplied with the on this report or supplemental report is tro- poration or the receiver or trustee empor- or on an attachment with an actions with	is filing does not qualify for the exer ue and a durate and that my signal ered to execute this report as requir h all other like empowered.	mption stated in Se ture shall have the s red by Chapter 607	ction 119,07(3)( same legal effec ', Florida Statute	i), Florida Statutes. In the sit made under the sit made under the sit and that my name.	further certify that the information bath; that I am an officer or director appears in Block 10 or Block 11 if