2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90005 025 ***150.00

DOCUMENT # P98000041893

1. Entity Name
EXPO-AIRE, INC.

Principal Place of Business	Mailing Address
11466 NORTHWEST 79 LANE DORAL, FL 33178 US	11466 NORTHWEST 79 LANE DORAL, FL 33178 US

05022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	7724 N.W. 112 Pl. Suite, Apt. #, etc.
City & State	City & State: Doral Fla.
Zip / Country	Zip: 33178 Country: U.S.A.

4. FEI Number: 65-0846580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMARGO, JOHANN J 11466 NORTHWEST 79 LANE DORAL, FL 33178 Johann J. Camargo	Name: Johann J. Camargo Street Address (P.O. Box Number is Not Acceptable): 7724 N.W. 112 Place City: Doral FL Zip Code: 33178

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: X _____ 5-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAMARGO, JOSE F ~~11466 NORTHWEST 79 LANE~~ 7724 N.W. 112 Pl. ~~DORAL, FL 33178~~ Doral Fla. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CAMARGO, JOHANN J ~~11466 NORTHWEST 79 LANE~~ 7724 N.W. 112 Pl. ~~DORAL, FL 33178~~ Doral/Fl. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS REYES, EDITH M ~~11466 NORTHWEST 79 LANE~~ 7724 N.W. 112 Pl. ~~DORAL, FL 33178~~ Doral Fl. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CAMARGO, JONATHAN ~~11466 NORTHWEST 79 LANE~~ 7724 N.W. 112 Pl. ~~DORAL, FL 33178~~ Doral Fl. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: _____ 5-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #