2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# P06000088369

Entity Name: SAIR ENTERPRISES, INC.

Current Principal Place of Business:

425 SUMMIT RIDGE PL
103
LONGWOOD, FL 32779 US

New Principal Place of Business:

505 VIA DEL ORO DR
2O2
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

425 SUMMIT RIDGE PL
103
LONGWOOD, FL 32779 US

New Mailing Address:

505 VIA DEL ORO DR
202
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 42-1709504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVUNI, SWAPNA
425 SUMMIT RIDGE PL
103
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

DEVUNI, SWAPNA
505 VIA DEL ORO DR
202
ALTAMONTE SPRINGS, FL 32714 US

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: 05/02/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEVUNI, SWAPNA
Address: 425 SUMMIT RIDGE PL, APT#103
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEVUNI, SWAPNA
Address: 505 VIA DEL ORO DR, SUITE-202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: SWAPNA DEVUNI P 05/02/2009
Electronic Signature of Signing Officer or Director Date