

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 021 ***150.00

DOCUMENT # 343916

1. Entity Name

AIR SALES INC



Principal Place of Business

3921 NW 26 ST
MIAMI FL 33142

Mailing Address

P O BOX 59-3201
MIAMI FL 33159



2. Principal Place of Business - No P.O. Box #

2600 NW 39 Ave

3. Mailing Address

2600 NW 39 Ave

Suite, Apt. #, etc.

MAZDA

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

USA

Zip

33142

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1556265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACKEY, KEITH
3921 NW 26TH
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Frank Englert

Street Address (P.O. Box Number is Not Acceptable)

2600 NW 39 Ave

City Miami

FL

Zip Code

33142

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

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ENGLERT, FRANK
STREET ADDRESS 3921 NW 26 ST
CITY-STATE-ZIP MIAMI FL 33142 ☐ Delete

TITLE P
NAME ROZA, LESLIE A.
STREET ADDRESS 3921 NW 26 ST
CITY-STATE-ZIP MIAMI FL 33142 ☐ Delete

TITLE S
NAME CLARDI, GRACE
STREET ADDRESS 3921 NW 26 ST
CITY-STATE-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Signature and typed or printed name of signing officer or director

30 Jan 2007

Date

305-479-7106

Daytime Phone #