


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 350974</b>	
1. Entity Name <b>AIRKEM PROFESSIONAL PRODUCTS OF MIAMI, INC.</b>	
	
Principal Place of Business <b>549 BURLINGTON ST. OPALOCKA, FL 33054 US</b>	Mailing Address <b>PO BOX 995 P.O. BOX 995 OPALOCKA, FL 33054 US</b>



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1270299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  <b>JANGIE, JOSEPH G 1521 NW 114TH AVE PEMBROKE PINES, FL 33026</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>JANGIE, JOSEPH J 8481 NW 28TH STREET SUNRISE, FL 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JANGIE, JOSEPH 1521 N W 114TH AVENUE PEMBROKE PINES, FL</b>
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07/22/05-80001-017 158.75

**DO NOT WRITE  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joseph G. Jangie** x 7/19/05 305 681-0773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #