2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 350974

1. Entity Name

AIRKEM PROFESSIONAL PRODUCTS OF MIAMI, INC.



Principal Place of Business

549 BURLINGTON ST. OPALOCKA, FL 33054 U

US

Mailing Address

PO BOX 995 P.O. BOX 995

OPALOCKA, FL 33054 U

01042007

No Chg-P

CR2E034 (11/05)

FILED

Mar 05, 2007 08:00 AM Secretary of State

4. FEI Number 59-1270299 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANGIE, JOSEPH G 1521 NW 114TH AVE PEMBROKE PINES, FL 33026

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 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 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JANGIE, JOSEPH J 8481 NW 29TH STREET SUNRISE, FL 33322				U00000656652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANGIE, JOSEPH 1521 N W 114TH AVENUE PEMBROKE PINES, FL				03/14/07-80035-002 158.75
THTLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY+ST-ZIP			\		

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.

SIGNATURES

PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

954-43/-821