

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86442

FILED
Mar 30, 2005
Secretary of State

Entity Name: AIR SUNSHINE INC.

Current Principal Place of Business:

17400 S.W. 48 STREET
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

Current Mailing Address:

17400 S.W. 48 STREET
FORT LAUDERDALE, FL 33331

New Mailing Address:

FEI Number: 59-2219808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADILI, RONNIE ESQ
8801 PARADISE DRIVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ADILI, MIRMOHAMMAD,
Address: 17400 S.W. 48 STREET
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: VPD () Delete
Name: ADILI, MIRYAHYA
Address: 17400 S W 48TH ST
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: PD () Delete
Name: ADILI, ALLEN,
Address: 8801 N.W. 61ST ST.
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: ADILI, MIRMASOOD
Address: 17400 SW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIRMOHAMMAD ADILI

STD

03/30/2005

Electronic Signature of Signing Officer or Director

Date