


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F86442</b> 1. Entity Name <b>AIR SUNSHINE INC.</b>	
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Principal Place of Business <b>17400 S.W. 48 STREET FORT LAUDERDALE, FL 33331</b>	Mailing Address <b>17400 S.W. 48 STREET FORT LAUDERDALE, FL 33331</b>
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**DO NOT WRITE IN THIS SPACE**



05052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2219808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADILI, MIRMOHAMMAD 17400 S.W. 48 STREET FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADILI, MIRYAHYA 17400 S W 48TH ST FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADILI, ALLEN 8801 N.W. 61ST ST. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADILI, MIRMASOOD 17400 SW 48TH STREET FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/07-80040-019 150.00

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.

**SIGNATURE:** Mir Mohammad Adili 5/5/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mir Mohammad Adili