

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86442

Entity Name: AIR SUNSHINE INC.

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

17400 S.W. 48 STREET  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

17400 S.W. 48 STREET  
SOUTHWEST RANCHES, 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: P ( ) Delete  
Name: ADILI, ALLEN,  
Address: 8801 N.W. 61ST ST.  
City-St-Zip: TAMARAC, FL 33321

Title: VPD ( ) 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 exemption stated 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 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: MIRMOMHAMMAD ADILI

STD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date