2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G60041

1. Entity Name SEA-AIR MECHANICAL, INC.



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3922 N.W. 32ND AVENUE MIAMI, FL 33142-5010 3922 N.W. 32ND AVENUE MIAMI, FL 33142-5010



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2334718

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DZWONKIEWICZ, RICHARD V. 3922 N.W. 32ND AVENUE MIAMI, FL 33142

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			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and title if	applicable (NOTE: Registered A	gent algnesur	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	PS DZWONKIEWICZ, RICHARD V. 3922 N.W. 32ND AVENUE MIAMI, FL 331425010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/11/07-80034-016 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

14. Inereby 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 propert 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 entrysteempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with a address, with all other like empowered.

SIGNATURE:

TURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Daytime Phone #