


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # G82498 1. Entity Name FUNAIR CORPORATION	
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Principal Place of Business 10800 BISCAYNE BLVD, STE 950 MIAMI, FL 33161 US	Mailing Address 10800 BISCAYNE BLVD, STE 950 MIAMI, FL 33161 US
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2389592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VANDER, ERIC J
700 BRICKELL AVENUE
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

I, 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, Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LYNCH, STEPHEN A III
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	JOYCE, EDWARD J
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	BARICH, RANDALL J
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	S
NAME	VANDER, ERIC J
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

(305) 372-1220

Daytime Phone #