

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H20679

1. Entity Name  
AUTO AIR TECH, INC.



Principal Place of Business  
10018 SPANISH ISLES BLVD.  
BAY 58A  
BOCA RATON, FL 33498

Mailing Address  
10018 SPANISH ISLES BLVD.  
BAY 58A  
BOCA RATON, FL 33498

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2452937

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SVITAK, CHARLES J.  
9680 MAJESTIC WAY  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

05/01/08-80018-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SVITAK, CHARLES J.
STREET ADDRESS	9680 MAJESTIC WAY
CITY- ST -ZIP	BOYNTON BEACH, FL
TITLE	DV
NAME	STAFFORD, RAY C.
STREET ADDRESS	1502 WHITEHALL DR #406
CITY- ST -ZIP	FT. LAUDERDALE, FL
TITLE	T
NAME	SVITAK, YOLANDA
STREET ADDRESS	9680 MAJESTIC WAY
CITY- ST -ZIP	BOYNTON BEACH, FL
TITLE	S
NAME	STAFFORD, EMOGENE
STREET ADDRESS	1502 WHITEHALL DR #406
CITY- ST -ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 5614822886

Date

Daytime Phone #