

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 018 ***150.00

DOCUMENT # J59420	
1. Entity Name PETE'S AUTO AIR, INC.	

Principal Place of Business C/O PETER JANIGIAN 3881 W. 16TH AVE. HIALEAH, FL 33012-7002 US	Mailing Address Pedro Arechavaleta PEDRO ARECHAVALETA 3881 W. 16TH AVE. HIALEAH, FL 33012-7002 US
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2. Principal Place of Business 1592 W. 39th place	3. Mailing Address 1592 W. 39th place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012	Country
Country	Zip 33012

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARECHAVALETA, PEDRO 1417 N.W. 161ST AVENUE PEMBROKE PINES, FL 33028		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARECHAVALETA, PEDRO 1417 N.W. 167 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pedro Arechavaleta PEDRO ARECHAVALETA 4-26-06 (305) 556-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #