


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 AM 9:05

<b>DOCUMENT # K90593</b> 1. Entity Name SOUTHERN AIR SUPPORT, INC.					
Principal Place of Business 4104 HAYES STREET HOLLYWOOD, FL 33021			Mailing Address 4104 HAYES STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business <b>3700 POLK ST.</b>		3. Mailing Address <b>3700 POLK ST</b>			
Suite, Apt. #, etc. <b>208</b>		Suite, Apt. #, etc. <b>208</b>			
City & State <b>Hollywood</b>		City & State <b>Hollywood</b>			
Zip <b>33021</b>		Country		Zip <b>33021</b>	
Country		4. FEI Number <b>65-0328611</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BALAVAGE, WILLIAM J</b> <b>4104 HAYES STREET</b> <b>HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><b>WILLIAM J. BALAVAGE</b></u> <span style="float: right;"><b>8-31-04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BALAVAGE, FREIDA C <input checked="" type="checkbox"/> Delete 4104 HAYES STREET HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800042698358</b> <b>11/12/04--01060--018 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BALAVAGE, WILLIAM J <input type="checkbox"/> Delete 4104 HAYES STREET HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BALAVAGE, WILLIAM J <input type="checkbox"/> Delete 4104 HAYES ST HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><b>William J. Balavage</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-31-04</b> <b>(954) 965-1022</b> <small>Date Daytime Phone #</small>		