

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # K90593

1. Entity Name
SOUTHERN AIR SUPPORT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 AM 9:05

Principal Place of Business
4104 HAYES STREET
HOLLYWOOD, FL 33021

Mailing Address

4104 HAYES STREET
HOLLYWOOD, FL 33021

2. Principal Place of Business
3700 POLK ST.

3. Mailing Address

3700 POLK ST

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

Hollywood

City & State

Hollywood

Zip

33021

Country

Zip

33021

Country

6. Name and Address of Current Registered Agent

BALAVAGE, WILLIAM J
4104 HAYES STREET
HOLLYWOOD, FL 33021

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 William J. Balavage

(NOTE: Registered Agent signature required when reinstating)

8-31-07

DATE

Amended AR is \$61.25

• \$ Election Campaign Financing
• Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME BALAVAGE, FREIDA C
STREET ADDRESS 4104 HAYES STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

Delete

TITLE PTD
NAME BALAVAGE, WILLIAM J
STREET ADDRESS 4104 HAYES STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

Delete

TITLE PRES
NAME BALAVAGE, WILLIAM J
STREET ADDRESS 4104 HAYES ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

800042698358
11/12/04--01060--018 **61.25

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: Freida C. Balavage

8-31-07 (954)965-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/07