2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L03000032505

Entity Name: A.I.R. ENTERPRISES, LLC

Current Principal Place of Business:

208 SW 2ND ST.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

3787 E. HIBISCUS ST.
WESTON, FL 33332

Current Mailing Address:

208 SW 2ND ST.
FT. LAUDERDALE, FL 33301

New Mailing Address:

3787 E. HIBISCUS ST.
WESTON, FL 33332

FEI Number: 20-0652224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRETA, ROVANDI
3787 E. HIBISCUS ST.
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROVANDI, GRETA
Address: 208 SW 2ND ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM (X) Delete
Name: RIVAS, LEOPOLDO
Address: 208 SW 2ND ST.
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROVANDI, GRETA
Address: 3787 E. HIBISCUS ST.
City-St-Zip: WESTON, FL 33332

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GRETA ROVANDI MGRM 05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date