2005 FOR PROFIT CORPORATION

FILED Mar 14, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | | | | |
|---|--|-------|-----------|--|
| DOCUMENT # L20858 1. Entity Name HOUSTON AIR, INC. | | | | |
| Principal Place of Business | Mailing Address | | | |
| 171 HOOD AVENUE | 171 HOOD AVENUE | | | |
| P. O. BOX 1321 Tavernier, Fl. 33070 US | P.O. BOX 1321 Tavernier, FL 33070 U | s | | |
| 111121111211111111111111111111111111111 | | | | |
| | | | | |
| | | | 310 | |
| DO NOT WR | ITE IN THIS SPA | ACE 4 | FEI 65 | |

| 03102005 | No Chg-P | CR2 | CR2E034 (10/03) | | |
|-------------------|-------------------|-------------------------------|-----------------|--|--|
| 4. FEI Number | | | Applied For | | |
| 65-0154 | l410 <u> </u> | | Not Applicabl | | |
| 5. Certificate of | of Status Desired | S8.75 Additional Fee Required | | | |

6. Name and Address of Current Registered Agent

HOUSTON, DAVID R. 400 S COCONUT PALM BLVD TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

3/10/05

305-852-2960 Daytime Phone #

| | named entity submits this statement for the pations of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|--|---|--|---|---|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title | if anniinahia (NOTE Registered | Anent sinnature | required when reinstating) | DATE |
| | | 7757575 | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campalgo Finan- Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | _ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALADRO, JORGE 105 COCONUT LANE ISLAMORADA, FL 33036 | | | | • |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | PTDS HOUSTON, DAVID R 400 S COCONUT PALM BLVD TAVERNIER, FL 33070 | | | | U00000262806 03/14/05-80070-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby condicated of the corchanged, | certify that the information supplied with this fit on this report or supplemental report is true a poration of the receiver of trustee emfowere or on an attachment with an address, with all | ling does not qualify for the exert and accurate and that my signate d to execute this report as require of the like supowered. | nption state ure shall haved by Chap | d in Section 119.07(3) ve the same legal effe- jer 607, Florida Statute L. Houston | (i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director as, and that my name appears in Block 10 or Block 11 if |