

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M08244

FILED
Mar 27, 2009
Secretary of State

Entity Name: AIR RIDE CRAFT, INC.

Current Principal Place of Business:

15840 SW 84 AVENUE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

15840 S.W. 84TH AVENUE
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-2519038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURG, DONALD E
15840 SW 84 AVENUE
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BURG, DONALD EARL,
Address: 15840 S.W. 84 AVENUE
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: HODGMAN, JAMES H.,
Address: 16122 SW 87 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: TAKASUGI, ABE,
Address: 5366 PASEO ORLANDO
City-St-Zip: SANTA BARBARA, CA 93111 US

Title: D () Delete
Name: LACOMBE, RAYMOND,
Address: 1500 NE 105TH ST
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: D () Delete
Name: FABIAN, CARL,
Address: 577 NW 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: D () Delete
Name: VAN DER WALL, ROBERT,
Address: 1320 S. DIXIE HWY, SUITE 1275
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: VAN DER WALL, ROBERT,
Address: GRAND BAY, 2665 S. BAYSHORE DR, SUITE 701
City-St-Zip: MIAMI, FL 33133 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E BURG

PSD

03/27/2009

Electronic Signature of Signing Officer or Director

Date