

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # M20938

1. Entity Name
AIR SHOT CORPORATION



Principal Place of Business
**16175 N.W. 49TH AVENUE
MIAMI, FL 33014-6312**

Mailing Address
**16175 N.W. 49TH AVENUE
MIAMI, FL 33014-6312**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2587576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPOLITE CORPORATION
1 SE 3RD AVENUE
2130 SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000100128
03/31/04-80032-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURGEL, CARLOS A.P.
STREET ADDRESS	16175 N.W. 49TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VTSD
NAME	ESTIMA, LUIS F.
STREET ADDRESS	16175 N.W. 49TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	ASV
NAME	MORRISON, ROBERT
STREET ADDRESS	16175 N.W. 49TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VAT
NAME	SOARES, RUY F.
STREET ADDRESS	16175 N.W. 49TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	BLOOM, SI H
STREET ADDRESS	16175 NW 49TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VAS
NAME	BLENKER, DAVID
STREET ADDRESS	16175 N.W. 49 AVENUE
CITY-ST-ZIP	MIAMI, FL 33014

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 where I am otherwise empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2004 (305) 624-1115
Date Daytime Phone #