


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M72310
 1. Entity Name
 AUTO AIR OF DELRAY, INC.



Principal Place of Business Mailing Address
 2829 S DIXIE HWY 2829 S DIXIE HWY
 DELRAY BCH., FL 33483 US DELRAY BCH., FL 33483 US

DO NOT WRITE IN THIS SPACE



08062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0045720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRADLEY, JAMES R.
 2829 S DIXIE HWY UNIT E
 DELRAY BEACH, FL 33483

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADLEY, JAMES 2829 S DIXIE HWY, UNIT E DELRAY BEACH, FL 33483
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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, with all other like empowered.

SIGNATURE: James R. Bradley 8-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #