

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002421

FILED
Mar 17, 2004
Secretary of State

Entity Name: AIRE DESIGN MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

210 174TH ST.
SUITE 2310
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

210 174TH ST.
SUITE 2310
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 65-0972065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOVEL, JACQUELYN N
9101 E. BAY HARBOUR DRIVE
#206
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

BEJAR, ESTHER Z CPA, PA
1666 KENNEDY CAUSEWAY,
SUITE 309
NORTH BAY VILLAGE, FL 33154 US

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: ESTHER BEJAR

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: SOVEL, JACQUELYN N
Address: 9101 E. BAY HARBOUR DRIVE, SUITE 206
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: PAPACCIO, VINCENT
Address: 673 MILL ROAD
City-St-Zip: VILLANOVA, PA 19085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: SOVEL, JACQUELYN N
Address: 210 174TH STREET, SUITE 2310
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T/V/P (X) Change () Addition
Name: HUTCHINGS, SIMON
Address: C/O PO 315,
City-St-Zip: PROVIDENCIALES, TC BWI

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SIMON HUTCHINGS

T/V/P

03/17/2004

Electronic Signature of Signing Officer or Director

Date