

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P00000003862 1. Entity Name AIRRAVACH INC. |  |
|---|---|

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|--|--|
| Principal Place of Business 2827 RIPTON CT. ORLANDO FL 32835 | Mailing Address 2827 RIPTON CT. ORLANDO FL 32835 |
|--|--|



| | | |
|--|---------------------|-------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

1st MOORE CR2E034 (10/06)

| | |
|---------------------------------|---|
| 4. FEI Number 59-3616597 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| CHAVARRIA, LIA QEL CID 2827 RIPTON CT. ORLANDO FL 32835 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|--|
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|--|--|

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|--|---------------------------------|
| TITLE | P CHAVARRIA, LIA QEL CID 2827 RIPTON CT. ORLANDO FL 32835 | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP CHAVARRIA, NORMAN 2827 RIPTON CT. ORLANDO FL 32835 | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|---------------------------------|-----------------------------------|
| TITLE | U00000628649 02/16/07-80025-018 150.00 | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **02-06-07 407-760-705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #