


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 050 ***150.00

DOCUMENT # P00000015116

1. Entity Name
AIR 1 ATHLETICS, INC.



Principal Place of Business 5221 SW 145 AVE SOUTHWEST RANCHES, FL 33330	Mailing Address 5221 SW 145 AVE SOUTHWEST RANCHES, FL 33330
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44010001

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1084945	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

**BAR, DANNY
 5221 SW 145 AVE
 SOUTHWEST RANCHES, FL 33330**

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 \$550.00
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAR, DANNY 5221 SW 145 AVE SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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: *Danny Bar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Attachment

44048657
#P00000015146

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2004:

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY. PLEASE
ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT
FEE.

YOURS TRULY

Danny Ba