


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 004 ***158.75

DOCUMENT # P00000043044 1. Entity Name AIR FLOW FILTERS, INC.					
Principal Place of Business 141 WEST 24TH STREET HIALEAH, FL 33010			Mailing Address 141 WEST 24TH STREET HIALEAH, FL 33010		
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		Country		4. FEI Number 65-1010142	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIZARRO, CECILIA 141 WEST 24TH STREET HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name SINGH CECILIA Street Address (P.O. Box Number is Not Acceptable) 141 W 24th ST City HIALEAH FL Zip Code 33010	
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 <u><i>Cecilia Singh - P/D/T</i></u> 2-22-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, SEUDATH 141 WEST 24TH STREET HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D/T SINGH, CECILIA 141 W 24TH STREET HIALEAH FL 33010
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Cecilia Singh P/D/T</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-22-07 305-8878136 <small>Date Daytime Phone #</small>		

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