

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000085162

1. Entity Name  
INTERAIR SOLUTIONS, INC.



Principal Place of Business

2950 SW 75 AVE  
MIAMI, FL 33122

Mailing Address

2950 SW 75 AVE  
MIAMI, FL 33122



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3672180

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

REINER, II, SAMUEL B ESQ  
9100 SOUTH DADELAND BLVD.  
SUITE 1408  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

3. 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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PETURSSON, INGIMAR O  
STREET ADDRESS 2950 SW 75TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000553385  
05/15/06-80047-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/06

Date

305 468-3881

Daytime Phone #