

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000060492	
1. Entity Name PRONTO AIR PLUS, CORP.	

Principal Place of Business 15721 SW 109TH AVENUE MIAMI, FL 33157	Mailing Address 15721 SW 109TH AVENUE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1118999	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, HECTOR 15721 SW 109TH AVENUE MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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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 relocating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HECTOR 15721 SW 10TH AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, ALBERTO 2940 SW 102ND AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/02/06-20046-020 158.75

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: _____ **1/18/06 (305)25288-92**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #