2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

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FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90155 002 ***150.00

I. Entity Name IAINAIR, INC.		
Principal Place of Fluriness	Mailine Address	<u> </u>

GASLIGHT-SQUARE, BUILDING C. SUITE 102 6798 CROSSWINDS DRIVE NORTH ST. PETERSBURG FL 33710

GASHIGHT SQUARE, BUILDING C. SUITE 102 6798 CROSSWINDS DRIVE NORTH ST. PETER8BURG FL 33710

Suite, Act. #, etc. Suite, Act. #, etc. City & Suite Tetter Suite South Act #, etc. City & Suite Tetter Suite South Act #, etc. City & Suite Tetter Suite South Act #, etc. City & Suite Tetter Suite South Act #, etc. South Act #	2. Principal Place of Business 6826 STONES THROW GR. H		3. Mailing Address 6826 STONES THROWARH							
THE NOW!! FEE IS \$50.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$5	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
6: Name and Address of Current Registered Agent RADOSAVI_EVIC, SLOBODAN 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEL ST50.00 9. THEST DESIT After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Dypartment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD OR FILE NOW!! FILE ST50.00 9. SECTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD OR FILE NOW!! FILE NOW!! FILE ST50.00 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deletes TITLE Del					ر	50-2726718				
RADOSAVLJEVIC, SLOBODAN 8828 STONES THROW CIRCLE, NORTH UNIT # 11107 ST. PETERSBURG F1, 33710 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE STRUCTURE TO THE INDIVITY FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cleck Rayable to Florida Department of State OFFICER AND DIRECTORS 11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE OBeles TITLE OBeles OCHANGES OCHY-SI-ZPP Change OCHANGES OCHY-SI-ZPP	Zip 337	10		Zip 333410		24				
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UNIT # 11107 ST. PETERSBURG FL 33710 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered agent and little displacable. SIGNATURE: Signature (Signature) Signature) Signature (Signature) Signature) Signatur				-						
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 Cook	ľ									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU										
The obligations of registered agent. SIGNATURE						ity FL Zip Code				
SIGNATURE Signature byte of criefled name of ingistered agent and talls if exploitable (NOTE Registered Agent signature required when reinscribing) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE RADOSAVLIEVIC, SLOBODAN STREET ADDRESS GOTY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete				the purpose of changing its	registered office of	r registere	ed agent, or both, in the State of Florida. I am	familiar wit	h, and accept	
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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.