2007 FOR PROFIT CORPORATION

FILED Mar 12, 2007 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # P01000094156	
Entity Name DARREN'S AUTO AIR, INC.	



Principal Place of Business

Mailing Address

646 2ND LN. VERO BEACH, FL 32962 646 2ND LN.

VERO BEACH, FL 32962



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02202007	No Chg-P	CR2E034 (11/05)	

4. FEI Number	Applied For
30-0110313	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

BROWN, DARREN 646 2ND LN. VERO BEACH, FL 32962

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registered A	gent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🖂	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D BROWN, DARREN 646 2ND LN. VERO BEACH, FL 32962	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000662966 03/21/07-80034-011 150.00
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TITLE NAME					· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filling does not quality 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 eath; 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR