

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116925

FILED
Apr 01, 2005
Secretary of State

Entity Name: SOUTHERN AIR TECHNOLOGIES INC.

Current Principal Place of Business:

39835 PARKINSONIA ST
LADY LAKE, FL 32159

New Principal Place of Business:

1969 SOUTH ALAFAYA TRAIL
#313
ORLANDO, FL 32828

Current Mailing Address:

1969 SOUTH ALAFAYA TRAIL
#313
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3760055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEVES, ALEXANDER
1969 SOUTH ALAFAYA TRAIL
#313
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIEVES, ALEXANDER
Address: 1969 SOUTH ALAFAYA TRAIL #313
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Delete
Name: PAJER, ROBERT J
Address: 1969 SOUTH ALAFAYA TRAIL #313
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER NIEVES

P

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date