

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000520

Entity Name: AIRA'S CORP.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

18314 SW 4TH CT
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18314 SW 4TH CT
PEMBROKE PINES, FL 33029

New Mailing Address:

PO BOX 826101
PEMBROKE PINES, FL 33082

FEI Number: 26-0003741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, JAIME
18314 SW 4TH CT
PEMBROKE PINES, FL 33029 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, ANA I
Address: 18314 SW 4TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Delete
Name: CRUZ, JAIME
Address: 18314 SW 4TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CRUZ, ANA I
Address: 18314 SW 4TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P (X) Change () Addition
Name: CRUZ, JAIME
Address: 18314 SW 4TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SEC () Change (X) Addition
Name: JAIRA, CRUZ
Address: 18314 SW 4TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAIME CRUZ

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date