2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000007247

1. Entity Name
TRAMAIR, INC.

Principal Place of Business	Mailing Address
10490 SW 19TH ST.	10490 SW 19TH ST.
MIRAMAR, FL 33025	MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

02262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0403686	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, RICHARD
10490 SW 19TH ST.
MIRAMAR, FL 33025

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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 _____   DATE _____
   Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000076180 03/04/04--80017-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCFARLANE, RICHARD A
STREET ADDRESS	10490 SW 19TH ST.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	T
NAME	MCFARLANE, BRYAN
STREET ADDRESS	3200 NW 106 AVE.
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _RICHARD A MCFARLANE_   _2/26/04_   _(954)437-7296_
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #