

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053392

Entity Name: NEVADA AIR SUPPLIES, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

2540 W. 84 STREET
SUITE 5
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

C/O DAVID J HART, P.A.
21 SOUTHEAST 1ST AVE 10TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 02-0611802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, DAVID J
21 SOUTHEAST 1ST AVE 10TH FLOOR
MIAMI, FL 33131 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: DPS () Delete
Name: FERNANDEZ, ANTONIO
Address: 2540 W. 84 ST., STE. 5
City-St-Zip: HIALEAH, FL 33016

Title: DVPT () Delete
Name: TEJERA, JAMIS
Address: 2540 W. 84 ST., STE. 5
City-St-Zip: HIALEAH, FL 33016

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 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: ANTONIO FERNANDEZ

DPS

03/28/2006

Electronic Signature of Signing Officer or Director

Date