## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000067090

Entity Name: ALTAIR INTERNATIONAL, INC.

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 LESLIE DR APT 903 1850 SOUTH OCEAN DRIVE APT2910

HALLANDALE, FL 33009 HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

200 LESLIE DR APT 903 1850 SOUTH OCEAN DRIVE APT2910

HALLANDALE, FL 33009 HALLANDALE, FL 33009

FEI Number: 54-2067835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESPINOZA, VICTOR O
8850 SW 45 BLVD
ESPINOZA, VICTOR O
12405 NW 39TH AVE

GAINESVILLE, FL 32608 US GAINESVILLE, FL 32606 US

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: VICTOR O ESPINOZA 03/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ESPINOZA, VICTOR OSCAR
Address: 8850 SW 45 BLVD

City-St-Zip: GAINESVILLE, FL 32608

 Title:
 SD ( ) Delete

 Name:
 ESPINOZA, ALTAIR C

 Address:
 8850 SW 45 BLVD

 City-St-Zip:
 GAINESVILLE, FL 32608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition Name: ESPINOZA, VICTOR OSCAR Address: 12405 NW 39TH AVE City-St-Zip: GAINESVILLE, FL 32606

Title: SD (X) Change () Addition

Name: ESPINOZA, ALTAIR C Address: 12405 NW 39TH AVE City-St-Zip: GAINESVILLE, FL 32606

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: ALATIR C ESPINOZA SD 03/30/2007