

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90709 016 \*\*\*158.75

**DOCUMENT # P02000071342**

1. Entity Name  
**AIRBUSTERS, INC.**



Principal Place of Business      Mailing Address

8010 W MCNAB RD #104      8010 W MCNAB RD #104  
 N LAUDERDALE FL 33068      N LAUDERDALE FL 33068



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**AIRBUSTERS INC**      **AIRBUSTERS INC**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**6741 N.W. 22nd STREET**      **P.O. Box 936175**

City & State      City & State

**MARGATE FLORIDA**      **MARGATE FLORIDA**

Zip      Country      Zip      Country

**33062-2119**      **USA**      **33093-6175**      **USA**

4. FEI Number      Applied For

**65-0515437**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIOTROWSKI, LINDA M**  
**8010 W MCNAB RD #104**  
**N LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name      **Piotrowski, Linda M.**

Street Address (P.O. Box Number is Not Acceptable)      **6741 N.W. 22nd STREET**

City      **MARGATE**      FL      Zip Code      **33062-2119**

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      **Linda M. Piotrowski**      **Linda M. Piotrowski**      DATE      **4/1/04**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, LINDA M	
STREET ADDRESS	8010 W MCNAB RD #104	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, JOSEPH F	
STREET ADDRESS	8010 W MCNAB RD #104	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIOTROWSKI, LINDA M.</b>	
STREET ADDRESS	<b>6741 N.W. 22nd STREET</b>	
CITY-ST-ZIP	<b>MARGATE FL. 33062-2119</b>	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Piotrowski, Joseph F</b>	
STREET ADDRESS	<b>6741 N.W. 22nd STREET</b>	
CITY-ST-ZIP	<b>MARGATE, FL. 33062-2119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 authority like empowered.

SIGNATURE:      **Linda M. Piotrowski**      DATE      **4/1/04**      DAYTIME PHONE #      **904-970-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR