2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000089644 **DOCUMENT #**

1. Entity Name

AIR AROUND THE CLOCK APPLIANCE INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90395 011 ***150.00

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Suito, Anc. #, etc.	5337 NOB HILL RD	Business	5337 NOB HILL RD) (186 4) 1 864 18 6 4 1864 186 4 186 4	 		
City & State Country Country Country Country E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent The address o	2. Principal Place	of Business	3. Mailing Address			\dashv	- 1 100/1984 11 10 100 11 11 11 10 1				
Nor Applicable Nor Applicable Nor Applicable Nor Applicable Satura Dos red Satu	Suite, Apt. #, etc	.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Besined Fee Required Name Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acce	City & State		City & State				4. F	El Number			
Name Street Address (FO. Box Number is Not Acceptable)	Zip	Country	Zip	Country			5. C	ertificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	6.	Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
SINRISE FL 33351 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature spread x printed registered agent and tigs it applicable NOTE Registered Agent abuntance revisiting DATE	7 . 2				Name -			يعتاحت بر ند سي	. آن سالقها	-	r
SURNISE FL 33351 City FL Zip Code 6. 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 Sphallum, uped or privated name of registered agent and ide if applicative. (NOTE Registered Agent deprivative received when reintesting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florigia Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-51-7P TOTAL NAME STREET ADDRESS CITY-51-7P TITLE Delete TIT					Street Add	iress (P.	O. Bo	x Number is Not Acceptable)	<u></u>	
B. 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 Supplement Agent signature registered agent and title of applicable. (NOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE		5-4 v 13									
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STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	that the information supplied with		NAME STREET CITY-ST	T - ZIP	d in Sect	ion 1	19.07(3)(i), Florida Statutes. I			Addition

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: >

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Daytime Phone #