## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000111132

Entity Name: SHAT AIR INC.

FILED Jul 12, 2008 Secretary of State

6800 NAVA DRIVE 6800 NOVA DRIVE **DAVIE, FL 33317** 

204

**DAVIE, FL 33317** 

**Current Mailing Address: New Mailing Address:** 

6800 NOVA DRIVE 6800 NAVA DRIVE **DAVIE, FL 33317 DAVIE, FL 33317** 

FEI Number: 71-0940716 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:

DUMERVE, ERNEST PIERRE-LOUIS, CLAUDE 6034 COUNTRY ESTATES DRIVE 6800 NOVA DRIVE LAKE WORTH, FL 33467 204 DAVIE, FL 33317 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: CLAUDE PIERRE-LOUIS 07/12/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PIERRE-LOUIS, CLAUDE PIERRE-LOUIS, CLAUDE Name: Name: Address:

6800 NAVA DRIVE 6800 NOVA DRIVE #204 Address: **DAVIE. FL 33317** City-St-Zip: **DAVIE. FL 33317** 

Title: Title: VΡ (X) Change ( ) Addition ( ) Delete Name: FILDOR, MARIO Name: FILDOR, MARIO

9226 PINEVILLE DRIVE 9226 PINEVILLE DRIVE Address: Address: LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete

DUMERVE, ERNEST DUMERVE, ERNEST Name: Name:

6034 COUNTRY ESTATES DRIVE 6034 COUNTRY ESTATES DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: SEC ( ) Change (X) Addition PIERRE-LOUIS, ROSELYNE L Name: Name:

Address: Address: 6800 NOVA DRIVE #204 City-St-Zip: City-St-Zip: **DAVIE. FL 33317** 

Title: Title: CEO ( ) Change (X) Addition () Delete PIERRE-LOUIS, JACQUES Name: Name:

Address: Address: 6800 NOVA DRIOVE # 204 City-St-Zip: City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE PIERRE-LOUIS P/S 07/12/2008

Electronic Signature of Signing Officer or Director

Date