FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90354 026 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112592

1. Entity Name
AC AIR PURIFICATION SYSTEMS INC.

66423347

Principal Place of Business	Mailing Address
5828 DONNELLY CIRCLE ORLANDO, FL 32821	5828 DONNELLY CIRCLE ORLANDO, FL 32821
2. Principal Place of Business: 5822 Donnelly Cir Suite, Apt. #, etc.	3. Mailing Address: 5822 Donnelly Cir Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Fl. 32821
Zip: 32821 / Country: U.S.A.	Zip: 32821 / Country: USA

04162004 Chg-P CR2E034 (10/03)

4. FEI Number: 38-3690366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COBIAN, ALBERTO JR 5828 DONNELLY CIRCLE ORLANDO, FL 32821	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ____________________ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COBIAN, ALBERTO JR 5828 DONNELLY CIRCLE ORLANDO, FL 32821 ☒ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBIAN, ALBERTO JR 5822 DONNELLY CIRCLE ORLANDO Fl 32821 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: ____________________ 4/27/04 407 239 4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #