2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 8:00 am **Secretary of State** DOCUMENT # P03000124543 1. Entity Name 02-11-2005 90049 002 ***150.00 PAUL'S AIR, INC. Principal Place of Business Mailing Address 4665 LAKE WASHINGTON ROAD , MELBOURNE FL 32934 4665 LAKE WASHINGTON ROAD 20014147 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address 4665 Lake Washington Rd. 4665 Lake Washington RD 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Melhourne Melbourse 43-2033313 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired (Kreussy) Brund Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kanazel KANAZEH, PAUL G Street Address (P.O. Box Number is Not Acceptable) 4665 LAKE WASHINGTON ROAD MELBOURNE FL 32934 Melb 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, typed or printed name of registered agent and the it applicable owner (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change Addition KANAZEH, PAUL G NAME NAME STREET ADDRESS 4665 LAKE WASHINGTON ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP TITLE ☐ Delete Сhалде TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

Paul Kanazeh

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