2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/3/2005-90002-021-$150.00-$150.00

FILED
05 JUL 25 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000080866

1. Entity Name
AIR DUCTS DYNAMICS, INC.

Principal Place of Business	Mailing Address
1422 E MOWRY DR. HOMESTEAD, FL 33033-4948	1422 E MOWRY DR. HOMESTEAD, FL 33033-4948

05072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		12259 SW 17th. Ln Apt105	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami	
City & State		City & State Florida	
Zip	Country	Zip 33175-7736	Country USA

4. FEI Number 20-1155943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALEANO, DAIRO
1422 E MOWRY DR.
HOMESTEAD, FL 33033-4948

7. Name and Address of New Registered Agent

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] 5/15/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALEANO, DAIRO 1422 E MOWRY DR. HOMESTEAD, FL 330334948	☐ 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: [signature] 05-07-05 (786)226-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #