


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90079 024 \*\*\*150.00

<b>DOCUMENT # P04000093820</b>	
1. Entity Name <b>CUSTOM CLEAN AIR SYSTEMS INC.</b>	

Principal Place of Business <b>10940 SW 68TH DR MIAMI, FL 33173</b>	Mailing Address <b>8306 MILLS DR, PMB 574 MIAMI, FL 33183-4838</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 835483</b> Suite, Apt. #, etc.
City & State	City & State <b>Miami FL</b>
Zip	Country
<b>33283</b>	<b>Dade</b>



07112005 Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2157199</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SHEWCHUK, AIAN B 10940 SW 68TH DR MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 file 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	<b>V SHEWCHUK, LISA 10940 SW 68TH DR MIAMI, FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHEWCHUK, AIAN B 10940 SW 68TH DR MIAMI, FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Lisa Shewchuk Lisa Shewchuk V.P. 7/11/05 305-412-3063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #