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Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 037 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000151085

1. Entity Name
BRANDON ALDAIR SERVICES, INC.

04272007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3820 NORTHWEST 90TH WAY SUNRISE, FL 33351-8818	3820 NORTHWEST 90TH WAY SUNRISE, FL 33351-8818

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8673 NW 36TH STREET		8673 NW 36TH STREET	
Suite, Apt. #, etc.: APT. # 308		Suite, Apt. #, etc.: APT # 308	
City & State: SUNRISE, FL		City & State: SUNRISE FL	
Zip: 33351-6613	Country: USA	Zip: 33351-6613	Country: USA

4. FEI Number: 20-1958438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS E
3820 NW 90TH WAY
SUNRISE, FL 33351-8818

7. Name and Address of New Registered Agent

Name: HERNANDEZ, LUIS E.
Street Address (P.O. Box Number is Not Acceptable): 8673 NW 36TH STREET
APT. # 308
City: SUNRISE FL Zip Code: 33351-6613

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, 2007 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	PSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HERNANDEZ, LUIS E		NAME	
STREET ADDRESS	3820 NORTHWEST 90TH WAY		STREET ADDRESS	8673 NW 36TH STREET, APT# 308
CITY-ST-ZIP	SUNRISE, FL 333518818		CITY-ST-ZIP	SUNRISE, FL 33351-6613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ______________________ 04-27-07 954-235-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LUIS E. HERNANDEZ, PRESIDENT