


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90022 017 \*\*\*150.00

**DOCUMENT # P05000009816**

1. Entity Name  
**AIR 1 ELECTRIC, CORP**



Principal Place of Business      Mailing Address  
**9010 SW 46 TERRACE**      **9010 SW 46 TERRACE**  
**MIAMI, FL 33165 US**      **MIAMI, FL 33165 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02272006      Chg-P      CR2E034 (11/05)

4. FEI Number  
**20-2190183**      Applied For  
Not Applicable

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



**6. Name and Address of Current Registered Agent**

**MONZON, JORGE F**  
**5900 SW 113 AVENUE**  
**MIAMI, FL 33173**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | P                  | <input type="checkbox"/> Delete |
| NAME           | MONZON, JORGE F    |                                 |
| STREET ADDRESS | 5900 SW 113 AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33173    |                                 |
| TITLE          | VP                 | <input type="checkbox"/> Delete |
| NAME           | DE LA NOVAL, JORGE |                                 |
| STREET ADDRESS | 9010 SW 46 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33165    |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | MONZON, JOANNE     |                                 |
| STREET ADDRESS | 5900 SW 113 AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33173    |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | CANTILLO, LAR      |                                 |
| STREET ADDRESS | 9010 SW 46 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33165    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 info empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Jorge Monzon - President*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_