


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000009816


1. Entity Name
AIR 1 MECHANICAL, CORP.



Principal Place of Business Mailing Address

**5900 S.W. 113 AVE.
 MIAMI, FL 33173 US** **5900 S.W. 113 AVE.
 MIAMI, FL 33173 US**

DO NOT WRITE IN THIS SPACE



05152008 No Chg-P CR2E034 (11/05)

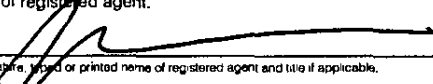
4. FEI Number 20-2190183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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  DATE **5/15/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONZON, JORGE F 5900 SW 113 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONZON, JOANNE 5900 SW 113 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, MELINDA 5900 SW 113 AVE. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/04/08-80072-009 150.00

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:  DATE: **5/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #