## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # D0500000070

## FILED Mar 21, 2008 8:00 am Secretary of State

1. Entity Name SUD-AIR, CORP.					03-21-2008 90022 026 ***150.00				
Principal Place of Business 8125 NW 74 AVE UNIDAD 2 MIDLEY, FL 33166		Mailing Address 8125 NW 74 AVE UNIDAD 2 MIDLEY, FL 33166			# ( <b>4 FM FT</b> ) (4	i arral enn arm een ee		NJP (1931 1957) 6 F	: <b>:11</b>   #   <b>11</b>
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02292008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Number 20-2306665			plied For at Applicable
Zip	Country	Zip Coun		<ul> <li>1.5. Certificate of Status Desired 1.1.</li> </ul>				8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New I	Registered A	Agent	
CASTRO, 8125 NW 7	ARMANDO			rmondo Costro s (P.O. Box Number is Not Acceptable)					
MIDLEY, F	L 33166								
# The show				City			<u>FL</u>	Zip Code	
8. The above named entity submits this sharement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent.  Feb. 29109									
SIGNATURE Squature, hybertary and order of traditioned agent and trile if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	P Delate Tit		TITLE					☐ Change	☐ Addition
NAME	GARCIA-TRONCOSO, JAIRO		NAME						
STREET AOORESS CITY-ST-ZIP			STREE CITY-S	T ADORESS ST-ZIP					
TITLE	VP Delete TIT		TITLE					Change	☐ Addition
NAME	GARCIA-CAMARGO, JAIRO		name						
STREET ADDRESS CITY-ST-ZIP	8125 NW 74 AVE UNIDAD 2 MIDLEY, FL 33166			T ADDRESS ST-ZIP					ı
TITLE		☐ Delete	TITLE				<del> </del>	☐ Change	☐ Addition
NAME			NAME	ŧ					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S	S1-ZIP	<del></del>	<del></del>			
TITLE NAME		☐ Delete	TITLE					Change	Addition
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CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			L	T ADDRESS					
CITY-ST-ZIP			CITY-S	01-2iP					
TITLE NAME			TITLE NAME	1				☐ Change	☐ Addition
STREET ADDRESS	l		- 1	T ADDRESS					
CITY-ST-ZIP			CITY-S						į
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 of the receiver by 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 attractment within an address, with all other like empowered.									
SIGNATURE: Feb 29 (08 30588644)									

SIGNATURE AND TIPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR