2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000034004 1. Entity Name CEL-AIR, INC.						03-01-2006	90022 008 ***	
Principal Place of Business		Mailing Address	Mailing Address					
2300 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311			2300 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311		1 (88)(108)	ing of the transfer of the tra	d Barga talli Albir naris mal	III BIBIGERI M Ibas
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02082006	Chg-P	CR2E034 (11/0)5)
City & State		City & State			4. FEI Numb	er 3444876		Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate	of Status Desired	\$8.75 Fee Req	Additional uired
6. Name and Address of Current Registered Agen			Nan	ne	7. Name and	Address of New R	egistered Agent	
	MICHAEL TOAKLAND PARK BLVD DERDALE, FL 33(311		Sireel Address		.O. Box Numb	er is Not Acceptable)	
	· 李 · ·		City			·	FL Zip C	Code
8. The above the obligation	named entity submits this statemen ons of registered agent.	t for the purpose of changing its	s registered offic	ce or registere	ed agent, or bo	oth, in the State of Flo	;	ith, and accept
SIGNATURE	Signature, typed or immed name of registered ag	ent and title if sopticable (NO)	TE Registered Agent s	signature required v	vhen reinstating)		DATÉ	
FILE After Ma	NOW!!! FEE IS \$150.00 ly 1, 2006 Fee will be \$55	9. Election Campa Trust Fund Con		\$5.0 Adde	00 May Be d to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OFF		
NAME SIREEI ADDRESS CITY-ST-ZIP	BERCUN, MICHAEL 1825 NE 117TH ROAD NORTH MIAMI, FL 33181	□ Delete	NAME STREET ADORE CITY-ST-ZIP	ESS			Chan	ige
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			Chan	ge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	225			Chan	ge 🗌 Addition
· iiiti6		☐ Deleja	nite				Chan	ge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRE CITY-ST-ZIP	ES\$				
ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRE CITY-ST-ZIP	:55			☐ Chang	ge 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ess			Chang	ge 🗌 Addition
12. I hereby control indicated control the corp changed.	ertify that the information supplied won this report or supplemental report or supplemental report or trustee en or on an attachment with an address	with this filing does not qualify to t is true and accurate and that in powered to execute this report s, with all other like empowered	or the exemption my signature sho l as required by l.	ns contained i all have the sa Chapter 607,	n Chapter 119 ame legal effec Florida Statute), Florida Statutes. I of as if made under o es; and that my name	further certify that the path; that I am an office appears in Block 10	e information cer or director 0 or Block 11 if
SIGNAT	URE: SIGNATURE AND TYPEO C	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	2	/sv/ok	954	1-485-44 Daytene Priorie	<u> 100</u>