

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 042 ***150.00

DOCUMENT # P05000095205 1. Entity Name CITY AUTO AIR, INC.					
Principal Place of Business 1605 LOCKHART AVENUE SUITE # 4 HAINES CITY, FL 33844			Mailing Address 1605 LOCKHART AVENUE SUITE # 4 HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box # 930 Roberts Rd Unit 95		3. Mailing Address PO Box 427			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Haines City			
City & State Lake Hamilton FL		City & State FL 33844			
Zip 33851		Country Polk		Zip 	
Country Polk		4. FEI Number 20-3102382			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SANTIAGO, ALFREDO 10805 HUGLAND BLVD. # 65 KISSIMMEE, FL 34741			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 <u><i>Alfredo Santiago</i></u> 01-16-08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, ALFREDO 1605 LOCKHART AVE. SUITE #4 HAINES CITY, FL 33844 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Alfredo Santiago</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-16-08 <small>Date Daytime Phone #</small>		