FILED May 08, 2007 8:00 am Secretary of State **2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000119638** 05-08-2007 90006 005 ***150.00 1. Entity Name DILAIR INC. 40107812 Principal Place of Business Mailing Address **788 NE 39 STREET 788 NE 39 STREET** BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

							•	- ((((((8 11911 III II 18	
2. Principal Place of Business - No P.O. Box # 3. Mi				Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262007	Chg-F	•	CR2E03	4 (12/06)			
City & State			City & State				4. FEI Numbe					oplied For	
Zip Country				Zip Country		try		5. Certificate		esired		8.75 Add	titional
	6. Name	and Address of Curre	nt Regis	tered Agent				7. Name and	Address of	New Re	gistered A	gent	
					Name								
BEHAR, BRIAN S 2999 NE 191ST STREET 5TH FLOOR AVENTURA, FL 33180					Street Address (P.O. Box Number is Not Acceptable)								
AVENTUR		180						· · · · · · · · · · · · · · · · · · ·				,	
	••	arina di Salamandi. Salamandi,				City					FL	Zip Cod	е
			t for the p	ourpose of changing its r	registere	ed office or	register	ed agent, or bot	h, in the Sta	te of Flor	ida. I am fa	miliar with,	and accept
the obligati	ions of regist	ered agent											
SIGNATURE_													
4.5	Signature, typed	or printed name of registered ag	ent and title	if applicable. (NOTE:	: Registere	d Agent signatur	re required	when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution				ncing	\$5. Add	00 May Be ed to Fees							
10.		OFFICERS AN	ND DIREC	CTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	S	-		Delete	TITLE							☐ Change	Addition
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STREET ADDRESS CITY+ST-ZIP		TON, FL 33431				ET ADDRESS -ST-ZIP							
	BOOKINA	1014,7 E 30431						- ·	-				
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STREET ADDRESS					ET ADDRESS								
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CITY-ST-ZIP					CITY	-ST-ZIP							
12. I hereby of indicated	ertify that the	e information supplied v	vith this fi	iling does not qualify for and accurate and that m	the exe	emptions co	ntained	in Chapter 119	, Florida Sta	atutes. I fo	urther certifi	that the in	nformation or director

12. Thereby 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 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 acceiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Oaytime Phone #

ATTACHMENT 40107812 Division of Corporations



Annual Report

	· · · 1			
(Annual Report Help			
	Doeument Number P05000119638 Business Entity Name DILATR INC.			
FEI Number	203838358			
FEI Number Status	 Listed Above O Applied For O Not Applicable 			
Certificate of Status Desired	○ Yes ② No \$8.75 each			
Election Campaign Financing Trust Fun	d Contribution () Yes (No			
Pri	incipal Place of Business			
Address	788 NE 39 STREET			
Suite, Apt. #, etc.	1			
City, State	BOCA RATON , FL			
Zip Code & Country	33431· US			

Mailing Address

788 NE 39 STREET Address Suite, Apt. #. etc. **BOCA RATON** City, State Zip Code & Country 33431 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	BEHAR , BRIAN , S ,					
- OR						
Business to serve as RA						
Address (PO Box is not acceptable	2999 NE 191ST STREET					
Suite, Apt. #, etc.	5TH FLOOR					
City, State	AVENTURA , FL					
Zip Code & Country	33180 US					

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

Page 2 of 3

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06. Florida Statutes.

Officer/Director Name and the individual of the individual o

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	S. Lamontonia areas i					
Name (Last, First, Middle, Title)	GOLDSTÉIN , , , , , , , , , , , , , , , , , , ,					
- OR -						
Entity Name to serve as Officer/Director						
Street Address	788 NE 39 STREET					
City, State	BOCA RATON , FL					
Zip Code & Country	33431 <u>US</u>					
Title						
Name (Last. First, Middle, Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
- OR -						
Entity Name to serve as Officer/Director						
Street Address						
City, State	, ,					
Zip Code & Country						
Title						
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- OR -						
Entity Name to serve as Officer/Director						
Street Address						
City. State						
Zip Code & Country						
Title						
Name (Last, First, Middle, Title)	,,,,					
- OR -	,					
Entity Name to serve as Officer/Director						

Division of Corporations		ATTACHMENT	Page 3 of 3
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. 1	City, State		74010101a
	Zip Code & Country		# 705000119638
	Title	per ser :	
	Name (Last, First, Middle, Title) - OR -	, , ,	
	Entity Name to serve as Officer/Director		
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	City, State		
	Zip Code & Country	And the second of the second o	
	Title	Common my A	
	Name (Last, First, Middle, Title)],[],[
	- OR -		
	Entity Name to serve as Officer/Director		
	Street Address		
	City, State	,	
	Zip Code & Country		
entity named above m Signature' block belov block. Title Officer/Director Signa This signature must be that of the made with the full knowledge a forgery under s.831.06, Florida St		above or an individual signing on behaust type their name in the 'Officer/Div. A corporate name is not allowed in ature U.Goldstein e individual "signing" this document electror and permission of the individual, otherwise it atutes. The individual "signing" this docume facts stated herein are true. Continue Reset	rector this ically or be constitutes
		Start Over	
	Sunbiz Home Pag	je Annual R	eport Help