

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052423

Entity Name: GUARANTEED AIR, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

11064 MODEL CIRCLE E
BOCA RATON, FL 33428

New Principal Place of Business:

P.O. 771104
CORAL SPRINGS, FL 33077

Current Mailing Address:

11064 MODEL CIRCLE E
BOCA RATON, FL 33428

New Mailing Address:

P.O. BOX 771104
CORAL SPRINGS, FL 33077

FEI Number: 20-4740659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAVA, KIM G
11064 MODEL CIRCLE E
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

SLAVA, KIM G
568 S. EASY STREET
SEBASTIAN, FL 32958 US

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.

SIGNATURE:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SLAVA, KIM G
Address: PO BOX 771104
City-St-Zip: CORAL SPRINGS, FL 33077

Title: VP () Delete
Name: HAZIEN, RENEE M
Address: 11064 MODEL CIRCLE E
City-St-Zip: BOCA RATON, FL 33428

Title: T () Delete
Name: HAZIEN, OMAR C
Address: 11064 MODEL CIRCLE E
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: HAZIEN, ADAM L
Address: 11064 MODEL CIRCLE E
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HAZIEN, RENEE M
Address: P.O. BOX 771104
City-St-Zip: CORAL SPRINGS, FL 33077

Title: T (X) Change () Addition
Name: HAZIEN, OMAR C
Address: P.O. BOX 771104
City-St-Zip: CORAL SPRINGS, FL 33077

Title: S (X) Change () Addition
Name: HAZIEN, ADAM L
Address: P.O. BOX 771104
City-St-Zip: CORAL SPRINGS, FL 33077

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SLAVA

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date