2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000058539

Entity Name: AIR & FUEL SAVER, INC.

Current Principal Place of Business:

2192 SW FEARS AVE.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2192 SW FEARS AVE.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 74-3261634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

MARY S HOPKINS CPA
9121 N MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS, FL 33410 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: MARY S HOPKINS 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERRO, JHOAN A.
Address: 2192 SW FEARS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: SABBOCH, ALEJANDRO K.
Address: 2192 SW FEARS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: LEAL, DAVID I.
Address: 2192 SW FEARS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: BYRD, TIM
Address: 2192 SW FEARS AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM BYRD D 04/28/2009
Electronic Signature of Signing Officer or Director Date