

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000012512</b> 1. Entity Name <b>AIR SYSTEMS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>4100 N. POWERLINE I-3 POMPANO BCH, FL 33073 US</b>	Mailing Address <b>4100 N. POWERLINE I-3 POMPANO BCH, FL 33073 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0375510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MURCHISON, WAYNE 4100 N. POWERLINE RD. I-3 POMPANO BCH, FL 33073</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURCHISON, WAYNE 4706 NW 4TH AVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDERAMA, MARCEL 1509 NW 10TH AVE FT LAUDERDALE, FL 33311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>UD0000067453 02/26/04-80057-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Wayne Murchison 2-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #