

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P92000012512

1. Entity Name
AIR SYSTEMS ENTERPRISES, INC.



Principal Place of Business

4100 N. POWERLINE

I-3

POMPANO BCH, FL 33073 US

Mailing Address

4100 N. POWERLINE

I-3

POMPANO BCH, FL 33073 US



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0375510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURCHISON, WAYNE
4100 N. POWERLINE RD.
I-3
POMPANO BCH, FL 33073

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000796243
01/29/08-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURCHISON, WAYNE
STREET ADDRESS	22540 BLUE FIN TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	BALDERAMA, MARCEL
STREET ADDRESS	6444 LAKESHORE DRIVE
CITY-ST-ZIP	MARGATE, FL 33083
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Wayne Murchison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

Daytime Phone #