## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2006 08:00 AM DOCUMENT # P94000003456 **Secretary of State** 1. Entity Name AIR DESIGN CONCEPTS, INC. Principal Place of Business Mailing Address P 0 BOX 130253 P O BOX 130253 SUNRISE, FL 33313 SUNRISE, FL 33313 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0460207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent VOLIN, ROBERT DO NOT WRITE 4777 NW 67TH AVE LAUDERHILL, FL 33319 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITCE D VOLIN, ROBERT NAME 4777 NW 67TH AVE STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-ZIP TITLE 000000454561 03/15/06-80020-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

Tolis Vali

Robert Volin

2/27/06

**FILED** 

954-321-0888