


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000022655		
1. Entity Name AIRRAS GROUP, INC.		

Principal Place of Business 4725 SW 8 ST MIAMI, FL 33134	Mailing Address 4725 SW 8 ST MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0488327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARRIA, FRANCISCO
4725 SW 8 ST
MIAMI, FL 33134

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARRIA, FRANCISCO 4725 SW 8 ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARRIA, FEDERICO 4725 SW 8 ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARRIA, RICARDO 4725 SW 8 ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARRIA, MARIA DEL C 4725 SW 8 ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/05-80051-009 150.00

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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(9)(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: *Francisco Sarria* 1/26/05 305-441-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #