


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 A**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
4725 SW 8 ST                      4725 SW 8 ST  
MIAMI, FL 33134                  MIAMI, FL 33134

**DO NOT WRITE IN THIS SPACE**



01162006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0488327      Not Applicable

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

01/30/06-80094-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARRIA, FRANCISCO
STREET ADDRESS	4725 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VD
NAME	SARRIA, FEDERICO
STREET ADDRESS	4725 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	TD
NAME	SARRIA, RICARDO
STREET ADDRESS	4725 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	SD
NAME	SARRIA, MARIA DEL C
STREET ADDRESS	4725 SW 8 ST
CITY-ST-ZIP	MIAMI, FL 33134
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: Francisco SARRIA      1/19/06      (305) 441-9412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #