


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0488327

Applied For
 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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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 _____ 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, 2007 Fee will be \$550.00

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

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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01/16/07-80049-007 150.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/5/07
Daytime Phone #: 305)441-9412