

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90007 021 ***150.00

DOCUMENT # P94000046670 1. Entity Name ACME AIR OF SOUTH FLORIDA, INC.					
Principal Place of Business 225 SW 33RD STREET FT LAUDERDALE, FL 33315 US			Mailing Address 225 SW 33RD STREET FORT LAUDERDALE, FL 33315 US		
2. Principal Place of Business 633 S. Federal Highway		3. Mailing Address 633 S. Federal Highway			
Suite, Apt. #, etc. Suite 400A		Suite, Apt. #, etc. Suite 400A			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33301		Country Broward		4. FEI Number 65-0523878	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YAROSH, ARTHUR R 225 SW 33RD STREET FT LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent Name Walter L. Morgan Street Address (P.O. Box Number is Not Acceptable) 633 S. Federal Highway, Suite 400A City Fort Lauderdale FL Zip Code 33301		
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 <u><i>Walter L. Morgan</i></u> DATE 3/13/06 Signature, typed or printed name of registered agent and date 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YAROSH, ARTHUR R 225 SW 33RD STREET FT LAUDERDALE, FL 33315	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Bert Michael Federici 103 Caudill Road Waverly, OH 45690	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLAWGES, JOSEPH V 1719 SE 13 STREET FT LAUDERDALE, FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u><i>Bert Michael Federici</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/13/06 Daytime Phone #		