## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000055783

Entity Name: ABAD AIR, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business:    10411 NW 28TH ST				
Current Mailing Address:    Courrent Mailing Address:   New Mailing Address:	Current P	Principal Place of Business:	New Principal Place	of Business:
Current Mailing Address:    10411 NW 28TH ST		/ 28TH ST		
10411 NW 28TH ST 10-101 10CRAL, FL 33172 US 10FE Number: 65-0513577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name: Address of New Registered Agent:  Name: Address:  Name and Address of New Registered Agent:  Name: Address:		FL 33172 US		
C-101 CORAL, FL 33172 US EEI Number: 65-0513577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Addres	Current Mailing Address:		New Mailing Address:	
FEI Number: 65-0513577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired Name and Address of Current Registered Agent:  Name and Address of New Registered Agent		/ 28TH ST		
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name:  Name:  Name:  Name:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS:  Name:  ABAD, WLADIMIR  Name:  ABAD, WLADIMIR  Name:  Address:  Name:  ABAD, WLADIMIR  Name:  ABAD, WLADIMIR  Name:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTION  Address:  ABAD, WLADIMIR  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES  ADDITIONS/CHANGES  ADDITIONS/CHANGES  ADDITIONS/CHANGES  ADDITIONS/CHANGES  ADDITIONS/CHANGES  A		L 33172 US		
ABAD, WLADIMIR 1075 S W 107TH AVE 109  IIIAMI, FL 33173 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	El Number	:: 65-0513577 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
075 S W 107TH AVE PT 109 MAMI, FL 33173 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, on the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	lame and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
The State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Determine Compaign Financing Trust Fund Contribution ( ).  DEFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Itile:  P () Delete  Itile:  () Change () Addition  Name:  Address:  Oity-St-Zip:  MIAMI, FL  City-St-Zip:  Itile:  T () Delete  Title:  () Change () Addition  Name:  Address:  Oity-St-Zip:  Itile:  Itil	075 Ś W NPT 109	107TH AVE		
Electronic Signature of Registered Agent  Date  PFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title:  ABAD, WLADIMIR  Address:  8075 S.W. 107TH AVE., APT 109  Address:  Title:  T  () Change () Addition  Address:  City-St-Zip:  Title:  () Change () Addition  Address:  City-St-Zip:  Title:  () Change () Addition  Address:  ABAD, WLADIMIR  Ame:  ABAD, WLADIMIR  Ame:  ABAD, WLADIMIR  Address:  B075 SW 107TH AVE APT 109  Address:  B075 SW 107TH AVE APT 109  Address:  City-St-Zip:  Title:  T  T  T  T  T  T  T  T  T  T  T  T  T			purpose of changing its registere	d office or registered agent, or both,
DEFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Itle: P ( ) Delete Title: ( ) Change ( ) Addition Name: ABAD, WLADIMIR Name: Address: ity-St-Zip: MIAMI, FL City-St-Zip:  Itle: T ( ) Delete Title: ( ) Change ( ) Addition Name: ABAD, WLADIMIR Name: ABAD, WLADIM	SIGNATU	RE:		
PFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: P () Delete Title: ONUMBER  ABAD, WLADIMIR Address: B075 S.W. 107TH AVE., APT 109 Address: City-St-Zip:  Title: ONUMBER  Title: ONUMBER  Address: City-St-Zip:  Title: ONUMBER  Title: ONUMBER  Title: ONUMBER  Address: ONUMBER  Address: ONUMBER  ABAD, WLADIMIR Address: ONUMBER  Address: ONUMBER  Address: ONUMBER  Title: ONUMBER  Title: ONUMBER  Title: ONUMBER  Address: ONUMBER  Title: ONUM		Electronic Signature of Registered A	gent	Date
tle: P ( ) Delete Title: ( ) Change ( ) Addition ame: ABAD, WLADIMIR Name: Address: 8075 S.W. 107TH AVE., APT 109 Address: ity-St-Zip: MIAMI, FL City-St-Zip:  tle: T ( ) Delete Title: ( ) Change ( ) Addition ame: ABAD, WLADIMIR Name: ABAD, WLADIMIR Name: Address: 8075 SW 107TH AVE APT 109 Address: ity-St-Zip: MIAMI, FL 33173 City-St-Zip:  tle: S ( ) Delete Title: ( ) Change ( ) Addition ame: ZEPPENFELDT, MAURIZIO Name: Address: 15610 SW 80TH ST APT 104 Address:	lection Ca	mpaign Financing Trust Fund Contribution ( ).		
ame:         ABAD, WLADIMIR         Name:           ddress:         8075 S.W. 107TH AVE., APT 109         Address:           ity-St-Zip:         MIAMI, FL         City-St-Zip:           itle:         T         ( ) Delete         Title:         ( ) Change ( ) Addition           ame:         ABAD, WLADIMIR         Name:         dddress:           ddress:         8075 SW 107TH AVE APT 109         Address:           ity-St-Zip:         MIAMI, FL 33173         City-St-Zip:           itle:         S         ( ) Delete         Title:         ( ) Change ( ) Addition           ame:         ZEPPENFELDT, MAURIZIO         Name:           ddress:         15610 SW 80TH ST APT 104         Address:	FFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Ame: ABAD, WLADIMIR	lame: ddress:	ABAD, WLADIMIR 8075 S.W. 107TH AVE., APT 109	Name: Address:	() Change () Addition
lame: ZEPPENFELDT, MAURIZIO Name: ddress: 15610 SW 80TH ST APT 104 Address:	lame: .ddress:	ABAD, WLADIMIR 8075 SW 107TH AVE APT 109	Name: Address:	() Change () Addition
	lame: ddress:	ZEPPENFELDT, MAURIZIO 15610 SW 80TH ST APT 104	Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WLADIMIR ABAD P 04/22/2007