


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000051468
 1. Entity Name
 KAMAIR AVIATION, INC.



Principal Place of Business: 14501 SUNSET LANE, SUNSHINE RANCHES, FL 33330
 Mailing Address: 14501 SUNSET LANE, SUNSHINE RANCHES, FL 33330

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0743629 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SALEHI, KAMBIZ
 14501 SUNSET LANE
 FORT LAUDERDALE, FL 33330

This is correct address

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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: Dr. Kambiz Salehi P.D.S. Dr. Kambiz Salehi P.D.S. 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (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	D
NAME	SALEHI, KAMBIZ
STREET ADDRESS	14501 SUNSET LANE
CITY-ST-ZIP	SUNSHINE RANCHES, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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(3)(i), 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: Dr. Kambiz Salehi P.D.S. Kambiz Salehi 4-25-05 (954) 689-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #