

**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

DO NOT WRITE 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 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 | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------|-------------------|----------------------------|
| | SALEHI, KAMBIZ | 14501 SUNSET LANE | SUNSHINE RANCHES, FL 33330 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

U00000342965
04/29/05-80078-006 150.00

DO NOT WRITE IN THIS SPACE

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 #