## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000065314

OPA LOCKA, FL 33054 US

City-St-Zip:

Entity Name: AIR SMITH, INC

FILED Apr 10, 2007 Secretary of State

Lineity Na	ine. All Owli I	1, 1110.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	132 ST BAY K KA, FL 33054					
Current Mailing Address:			New Mail	ng Addre	ess:	
	132 ST BAY K KA, FL 33054					
FEI Number	: 65-0771645	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
269 N. UN SUITE I	X & ACCOUNT IVERSITY DRIV KE PINES, FL 3	Œ ´				
	named entity s e of Florida.	ubmits this statement for th	e purpose of changing	its registe	red office or registered agent, or both,	
SIGNATUI	RE:					
	Electroni	c Signature of Registered A	Agent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () SIVANATHAN, SI 3890 NW 132 S' OPA LOCKA, FL	Γ BAY K	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	( )	Delete MICKRAMANAYAGA ST BAY K	Title: Name: Address:		(X) Change ()Addition //ESH, WICKRAMANAYAGA / 132 ST BAY K	

City-St-Zip:

OPA LOCKA, FL 33054 US

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: SIVARASA SIVANATHAN CEO 04/10/2007