

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90464 038 ***158.75

DOCUMENT # P97000081471

1. Entity Name
AEROPIA, INC.



Principal Place of Business

**8586 NW 72ND STREET
MIAMI, FL 33166 US**

Mailing Address

**8586 NW 72ND STREET
MIAMI, FL 33166 US**

40091837

2. Principal Place of Business - No P.O. Box #
8940 NW 24th TERRACE

3. Mailing Address
8940 NW 24th TERRACE



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0785447

Applied For

Not Applicable

Zip

33172

Country

US

Zip

33172

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S
3700 NORTH 29TH AVENUE
UNIT 101
HOLLYWOOD, FL 33020-1006**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 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** ☐ Delete
NAME **RICE, STEPHEN J**
STREET ADDRESS **8586 NW 72 STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **RICE STEVE**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **V.** ☐ Change ☒ Addition
NAME **KEATING, JOHN**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **VITIS** ☐ Change ☒ Addition
NAME **NECCHI PETER**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **M.** ☐ Change ☒ Addition
NAME **KRUSE, JOHN**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **C.** ☐ Change ☒ Addition
NAME **SNOWDON, CLEVE**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **V.** ☐ Change ☒ Addition
NAME **MOSS, ANDREW**
STREET ADDRESS **8940 NW 24th TERRACE**
CITY-ST-ZIP **MIAMI, FL 33172**

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

305-717-6577

Daytime Phone #

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ATTACHMENT

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CITY-ST-ZIP
D
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☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
N.
BEAUMONT, JOHN
8940 NW 24TH TERRACE
MIAMI, FL 33172

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 305-712-6577

Date

Daytime Phone #