2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90079 047 ***150.00

1. Entity Nam	MENT#P97000098 EDAIR, INC.				0 1 22 2 00	8 90079 0-		30.00
Principal Place of Business 2765 SE 2 ST POMPANO BEACH, FL 33062		Mailing Address 2765 SE 2 ST POMPANO BEACH, FL 33062		4000	014.			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008	Chg-P	CR2E034		
City & State		City & State		4. FEI Numbe				oplied For
Zip	Country	Zip	Country		of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I	Registered Ag	ent	
07400 444000			Name					
SZABO, MARIUS 2765 SE 2 ST POMPANO BEACH, FL 33062			Street Addres	s (P.O. Box Numbe	r is Not Acceptab	le)		
			City				Zip Code	
The above named entity submits this statement for the purpose of changing its regi						FL		
the obligat	named entity submits this statement to lons of registered agent.	or the purpose of changing its re	egistered office or regis	tered agent, or bot	h, in the State of Fi	lorida. I am far	niliar with,	and accept
	"•							
SIGNATURE_								
	Signature, typed er printed name of registered agent	and little if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)		DATE		
7.	:	and life if applicable. (NOTE: F	Registered Agent signature requ	illed when reinstating)		DATE		
FIL	:	9. Election Campaign	n Financing \$	5.00 May Be		DATE	 -	
FIL	, E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing \$	5.00 May Be dded to Fees	CHANGES TO OF		IRECTORS	S IN 11
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. OFFICERS AND	9. Election Campaign Trust Fund Contrib	n Financing \$ pution.	5.00 May Be dded to Fees	CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. OFFICERS AND P SZABO. MARIUS	9. Election Campaign Trust Fund Contrib	n Financing \$ pution. A	5.00 May Be dded to Fees	CHANGES TO OF	FICERS AND D		
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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 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 attacoment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP