

DOCUMENT # P98000015662

1. Entity Name

AIR WIZARD, INC.



FILED
Jan 31, 2006 08:00 AM
Secretary of State



Principal Place of Business

8306 MILLS DRIVE, SUITE 353
MIAMI FL 33183

Mailing Address

8306 MILLS DRIVE, SUITE 353
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FES Number

65-0817108

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

STEIN, GARY M
 ROSENBERG, REISMAN & STEIN, LLP
 ONE SOUTHEAST THIRD AVE., SUITE 3050
 MIAMI FL 33131

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, types or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May E-
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSVD ☐ Delete
 NAME DIAZ, CARLOS M
 STREET ADDRESS 8306 MILLS DRIVE, SUITE 353
 CITY-ST-ZIP MIAMI FL 33183

TITLE T ☐ Delete
 NAME DIAZ, BETH
 STREET ADDRESS 8306 MILLS DRIVE, SUITE 353
 CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 000000412940
 02/10/06-80069-005 158.75

TITLE ☐ Change ☐ Add
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered

SIGNATURE: *Carlos M. Diaz* CARLOS M. DIAZ / PRESIDENT 1-25-06 305-385-966