


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000041893  
 1. Entity Name  
 EXPO-AIRE, INC.



Principal Place of Business      Mailing Address  
 432 EAST 9 STREET      830 E. 1ST AVE.  
 HIALEAH, FL 33010      HIALEAH, FL 33010



01252005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0846580      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAMARGO, JOHANN J  
 830 EAST 1ST AVE.  
 HIALEAH, FL 33010

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

1100000334460  
 04/27/05-80044-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMARGO, JOSE F
STREET ADDRESS	26 OLIVE DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DVP
NAME	CAMARGO, JOHANN J
STREET ADDRESS	432 E. 9 STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DS
NAME	REYES, EDITH M
STREET ADDRESS	26 OLIVE DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DT
NAME	CAMARGO, JONATHAN
STREET ADDRESS	26 OLIVE DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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: \_\_\_\_\_ Date: 4/20/05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR