


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90005 025 ***150.00

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

Principal Place of Business 11466 NORTHWEST 79 LANE DORAL, FL 33178 US	Mailing Address 11466 NORTHWEST 79 LANE DORAL, FL 33178 US
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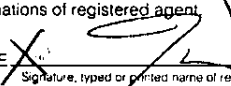
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7724 N.W. 112 Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Doral Fla.	City & State Doral Fla.
Zip 33178	Country U.S.A.



05022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CAMARGO, JOHANN J 11466 NORTHWEST 79 LANE DORAL, FL 33178	
7. Name and Address of New Registered Agent Name: Johann J. Camargo Street Address (P.O. Box Number is Not Acceptable) 7724 N.W. 112 Place City: Doral FL Zip Code: 33178	

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 	DATE 5-2-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMARGO, JOSE F 11466 NORTHWEST 79 LANE DORAL, FL 33178 <i>7724 N.W. 112 Pl. Doral Fla. 33178</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMARGO, JOHANN J 11466 NORTHWEST 79 LANE DORAL, FL 33178 <i>7724 N.W. 112 Pl. Doral Fla. 33178</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REYES, EDITH M 11466 NORTHWEST 79 LANE DORAL, FL 33178 <i>7724 N.W. 112 Pl. Doral Fla. 33178</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAMARGO, JONATHAN 11466 NORTHWEST 79 LANE DORAL, FL 33178 <i>7724 N.W. 112 Pl. Doral Fla. 33178</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: 	DATE 5-2-07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		