


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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 7724 N.W. 112 Pl.

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: *[Signature]* DATE: 5-2-07

Signature, typed or printed name of registered agent and title if applicable. (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. **\$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.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMARGO, JOSE F			NAME			
STREET ADDRESS	11466 NORTHWEST 79 LANE 7724 N.W. 112 Pl.			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178 Doral Fla. 33178			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMARGO, JOHANN J			NAME			
STREET ADDRESS	11466 NORTHWEST 79 LANE 7724 N.W. 112 Pl.			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178 Doral Fla. 33178			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, EDITH M			NAME			
STREET ADDRESS	11466 NORTHWEST 79 LANE 7724 N.W. 112 Pl.			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178 Doral Fla. 33178			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMARGO, JONATHAN			NAME			
STREET ADDRESS	11466 NORTHWEST 79 LANE 7724 N.W. 112 Pl.			STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178 Doral Fla. 33178			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* DATE: 5-2-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR