

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90024 013 ***150.00

DOCUMENT # P98000070124

1. Entity Name

AROMAIR, INC.



Principal Place of Business

12775 25TH STREET NORTH
 LOXAHATCHEE GROVES FL 33470

Mailing Address

12775 25TH STREET NORTH
 LOXAHATCHEE GROVES FL 33470

2. Principal Place of Business

171 HARBOR LAKE CIR.

Suite, Apt. #, etc.

3. Mailing Address

171 HARBOR LAKE CIR.

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

GREENACRES, FL.

City & State

GREENACRES, FL.

4. FEI Number

65-0858588

Applied For

Not Applicable

Zip

33413-2126

Country

Zip

33413-2126

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONE, MARY J
 12775 25TH STREET NORTH
 LOXAHATCHEE GROVES FL 33470

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE, MARY J	
STREET ADDRESS	12775 25TH STREET NORTH	
CITY-ST-ZIP	LOXAHATCHEE GROVES FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE, TERENCE	
STREET ADDRESS	12775 25TH STREET NORTH	
CITY-ST-ZIP	LOXAHATCHEE GROVES, FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, MARY J.	
STREET ADDRESS	171 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL. 33413-2126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, TERENCE	
STREET ADDRESS	171 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL. 33413-2126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary J. Malone MARY J. MALONE 2/2/04 561-434-5009
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #