## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000072499

AUSTIN, CHRISTOPHER

416 CLEMATIS STREET

WEST PALM BEACH, FL 33401

Name:

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Entity Na	me: PARKAIR	LEASING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
416 CLEM WEST PA	ATIS ST LM BEACH, FL	33401			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
416 CLEM WEST PA	ATIS ST LM BEACH, FL	33401			
FEI Number:	: 65-0857233	FEI Number Applied For	( ) FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			nt: Name and Address	Name and Address of New Registered Agent:	
ELESSAR, SHARI J 416 CLEMATIS ST WEST PALM BEACH, FL 33401 US			416 CLEMATIS ST	FLRA SERVICES, LLC 416 CLEMATIS ST WEST PALM BEACH, FL 33401 US	
	named entity s e of Florida.	submits this statement fo	or the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: WILLA A.	FEARRINGTON		04/22/2009	
	Electron	ic Signature of Register	ed Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MILLER, ROBE 416 CLEMATIS		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	MILLER, MYRO 416 CLEMATIS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIWIK, ANDREY 416 CLEMATIS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L. MILLER DIR 04/22/2009