

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002346

FILED
Aug 17, 2009
Secretary of State

Entity Name: EVACAIR CONSULTANTS USA, INC.

Current Principal Place of Business:

1504 N. BAY ROAD
#823
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

11900 BISCAYNE BOULEVARD
SUITE 506
MIAMI, FL 33181

New Mailing Address:

11900 BISCAYNE BOULEVARD
SUITE 501
MIAMI, FL 33181

FEI Number: 65-0898960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, DAVID
1504 NORTH BAY ROAD
#823
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EWING, DAVID
Address: 1504 NORTH BAY ROAD, #823
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP () Delete
Name: CHURCHILL-SMITH, MICHAEL J
Address: 611 RUE VICTORIA
City-St-Zip: WESTMONT QUEBEC, H2L 4M4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID EWING

MD

08/17/2009

Electronic Signature of Signing Officer or Director

Date