


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90060 020 \*\*\*158.75

**DOCUMENT # P99000008317**

1. Entity Name  
**SMART AIR SYSTEMS, INC.**



Principal Place of Business  
**4564 N HIATUS RD  
 SUNRISE, FL 33351**

Mailing Address  
**11110 W. OAKLAND PARK BLVD  
 STE 376  
 SUNRISE, FL 33351**

2. Principal Place of Business  
**1731 Banks Road**

3. Mailing Address  
**1731 Banks Road**


Suite, Apt. #, etc.

City & State  
**Margate, FL**

City & State  
**Margate, FL**

Zip  
**33063**

Country  
**USA**



01042005 Chg-P CR2E034 (10/03)

4. FEI Number **05-0883455** Applied For  
 NOT APPLICABLE Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COBURN, ALAN B  
 1040 RENMAR DRIVE  
 PLANTATION, FL 33317**

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.

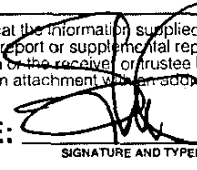
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBURN, ALAN B</b>	NAME	
STREET ADDRESS	<b>1040 RENMAR DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARNEY, STEVEN H</b>	NAME	<b>Charney, Steven H.</b>
STREET ADDRESS	<b>248 NW 90TH AVE</b>	STREET ADDRESS	<b>2121 Pinehurst Way</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>
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	
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 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 to an address, with all other like empowered.

**SIGNATURE:**  **4/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #