

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000025546

**1. Entity Name
AIR AUTHORITY OF SOUTH FLORIDA INC.**



**Principal Place of Business
14842 S.W. 42ND CT.
MIRAMAR, FL 33027-3330**

**Mailing Address
14842 S.W. 42ND CT.
MIRAMAR, FL 33027-3330**



DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0913850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRERA, MANUEL R
14842 S.W. 42ND CT.
MIRAMAR, FL 33027-3330**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BARRERA, MANUEL R
STREET ADDRESS 14842 S.W. 42ND CT.
CITY-ST-ZIP MIRAMAR, FL 330273330

TITLE ST
NAME BARRERA, LAURA
STREET ADDRESS 14842 SW 42 CT
CITY-ST-ZIP MIRAMAR, FL 330273330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/04/05-80021-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered

SIGNATURE:

**MANUEL BARRERA
PRESIDENT**

02-12-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #