## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P99000104795  1. Entity Name  G-MONEY AIR, INC,				Apr 30, 2005 08:00 AM Secretary of State	
G-WONET AIR, INC,					
Principal Place of Business	Mailing Address				
5740 COLUMBIA CIRCLE WEST PALM BEACH FL 33407	5740 COLUMBIA CIRC WEST PALM BEACH				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State	City & State			4. FEI Number 65-1108016   Applied Fo   Not Applied	
Zip Country	Zip	Countr	у	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
SWITLYK, GEORGE A 5740 COLUMBIA CR.			Street Address (	P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407			City	<b>⊏</b>	
9. The above comed entity cultivity his statement for	the number of changing its	e registeres	•	FL   Zip Code red agent, or both, in the State of Florida. I am familiar with, and acc	eni
the obligations of registered agent.	the purpose of changing its	s registered	TORICE OF TEGISTER	red agent, or both, in the state of Florida. Familiasinia with, and acc	CP,
SIGNATURE Signature, typod or printed name of registered agent a	ind title if applicable (NOT	TE Registered	Agent signatura required	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of		<u>-</u>		9. Election Campaign Financing \$5,00 May Trust Fund Contribution.  Added to Fee	
to. OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME SWITLIK, GEORGE A	☐ Delete	MAME		☐ Change ☐ Adul	iii.
STREET ADDRESS 5740 COLUMBIA CIRCLE CHY-ST-ZIP WEST PALM BEACH FL 33407		STREET CITY-S	AODPESS 1-7IP	U00000348916	
THEE .	☐ Delete	TITLE		<del></del>	lija.
NAME STREET ADDRESS		NAME Street	ADDRESS		
City-SI-ZiP		CHY-S	1		
TITLE NAME	Delete .	OTHE NAME		Change Add	114
STREET ADDRESS CITY-ST-ZIP		STREET CITY - S	ADDRESS T- ZIP		
TITLE NAME	☐ Delete	TITLE NAME		Change Addi	ille)
STREET ADDRESS CHY-ST-ZIP			ADDRESS T-ZIP		
TITLE	☐ Delete	Tritt		☐ Change ☐ Add	lifar -
NAME STREET ADDRESS			ADDRESS		
CHY-SI ZIP	Delete	CITY-S TITLE	T- ZIP	Change Add	ofic-
NAME	Dolon	NAME	+DDGC66		
STREET ADDRESS CITY-ST-ZIP		STREET CHY-S	ADDRESS 1-ZIP	·	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empochanged, or on an attachment with an address, we	this filing does not qualify fo true and accurate and that it wered to execute this report	or the exeminy signature tas require	ption stated in Se re shall have the s d by Chapter 607	action 119.07(3)(I), Florida Statutes. I further certify that the informatio same legal effect as if made under oath; that I am an officer or direct 7. Florida Statutes, and that my name appears in Block 10 or Block 1	n tor 1 if

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNT OF DISCOUNT OF CONTROL O

**FILED**