2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

ANNOAL REPORT							Secretary of State					
1. Entity Nam	ne	# \$32287 AIR, CORP.					04-19-2007	-				
Principal Plac	e of Busines	S	Mailing Address			4,000	,00-					
1580 SW 40	TERR		1580 SW 40 TERR			-						
UNIT C			UNIT C									
NAPLES, FL 33999			NAPLES, FL 33999			·						
		ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04142007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State				4. FEI Numb 65-024				plied For t Applicable	
Zip	Country		Zip							Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered A	\gent		
LEON NE	LVED				Name							
LEON, NE 1580 SW 4 UNIT C				Str			treet Address (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 33999											
					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 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	<u> </u> /CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE	D Delete TITL							,01,01,01,01,01	02/10/11/0	Change	Addition	
NAME	LEON, NELVER				· I		1	1 -2/			_	
STREET ADDRESS	2001 55	ST SW	STRE		ET ADDRESS	411	0-1611	lace	6W	# 10%		
CITY - ST - ZIP	NAPLES,	FL	CITY		-ST-ZIP	No	des,	Mace FL 34	116			
TITLE	☐ Delete IIT					7	, , ,	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME			NAME		E							
STREET ADDRESS					ET ADDRESS							
CITY-\$1-ZIP				CITY	-ST-ZIP							
TITLE	☐ Delete III									Change	Addition .	
NAME STREET ADDRESS				NAM	E ADDRESS							
CITY-S1-ZIP					-ST-ZIP							
IIILE	 		☐ Delete	TITL						☐ Change	☐ Addition	
NAME			CT Delete	NAM						onlingo	Addition	
STREET ADDRESS				STR	ET ADDRESS							
CITY - ST - ZIP				CITY	- S1- ZiP							
TITLE			☐ Delete	TITL	E					Change	Addition	
NAME				NAM								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP							
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME		•		NAM	I							
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP	cortify that th	na information supplied with	n this filing does not qualify to		-SI-ZIP	ntaines	Lin Chanter 11	9 Florida Statutos 1	further cert	tify that the in	formation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 all other like approvered.												
SIGNATURE: 4/13/07												
SIGNAI	UKE.	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	O	aytime Phone #		