

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # V05217

1. Entity Name

CLEAN AIR FUEL-INJECTION SERVICE, INC.



Principal Place of Business

1141 HOLLAND DRIVE  
SUITE 24  
BOCA RATON FL 33487

Mailing Address

1141 HOLLAND DRIVE  
SUITE 24  
BOCA RATON FL 33487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-0319083

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHL, WILLIAM L.  
1141 HOLLAND DRIVE  
SUITE 24  
BOCA RATON FL 33487

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete  
NAME BAH, WILLIAM L.  
STREET ADDRESS 5374 MONTEREY CIR., #97  
CITY- ST- ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Add  
NAME 000000413250  
STREET ADDRESS 02/10/06-80080-020 150.00  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, BAH, L JR  
STREET ADDRESS 2841 SW 22ND AVE  
CITY- ST- ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Add  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE:

*William L. Bahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/06  
Date

(561) 341-0141  
Daytime Phone #