

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 508480

FILED
Jan 16, 2008
Secretary of State

Entity Name: AIR CONDITIONING AND MECHANICAL INCORPORATED (AMI)

Current Principal Place of Business:

1865 SW 4 AVE #3
DELRAY BEACH, FL 33444

New Principal Place of Business:

1865 SW 4TH AVE, #D3
DELRAY BEACH, FL 33444

Current Mailing Address:

1865 SW 4 AVE #3
DELRAY BEACH, FL 33444

New Mailing Address:

1865 SW 4TH AVE, #D3
DELRAY BEACH, FL 33444

FEI Number: 59-1749566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
2000 GLADES ROAD, SUIT 400
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHAELSON, THEODORE L.
Address: 1499 S.W. 2ND AVENUE
City-St-Zip: BOCA RATON, FL

Title: ST () Delete
Name: MICHAELSON, DAVID,
Address: 20591 CAROUSEL CIR W
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: MICHAELSON, MARK,
Address: 4968 NW 3RD AVE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MICHAELSON, MARK,
Address: 4968 NW 3RD AVE
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE MICHAELSON

PD

01/16/2008

Electronic Signature of Signing Officer or Director

Date