


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 678473**  
 1. Entity Name  
 SOUTHEAST AIR CONDITIONING, INC.



FILED  
 05 MAY 10 PM 3: 18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 13840 N.W. 6 CT. MIAMI, FL 33168  
 Mailing Address: 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US


2. Principal Place of Business Suite. Apt. #, etc.  
 3. Mailing Address Suite. Apt. #, etc.

City & State

4. FEI Number: 59-2027195 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 MITCHELL SETH POLANSKY, ESQUIRE  
 2665 S BAYSHORE DR STE 703  
 COCONUT GROVE, FL 33133



04222005 Chg-P CR2E034 (10/03)

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SMITH, JR, PAUL M STREET ADDRESS: 9400 NW 17ST CITY-ST-ZIP: PLANTATION, FL 33322	<input type="checkbox"/> Delete
TITLE: D NAME: SMITH, JENNIFER A STREET ADDRESS: 9400 NW 17TH ST CITY-ST-ZIP: PLANTATION, FL 33322	<input type="checkbox"/> Delete
TITLE: P NAME: SMITH, PAUL M. STREET ADDRESS: 1430 NW 99TH AVE. CITY-ST-ZIP: PLANTATION, FL	<input type="checkbox"/> Delete
TITLE: VPST NAME: SMITH, NANCY LEE T. STREET ADDRESS: 1430 NW 99TH AVE. CITY-ST-ZIP: PLANTATION, FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 file 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: Mitchell S. Polansky (305) 858-9900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #