


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 678473</b> 1. Entity Name SOUTHEAST AIR CONDITIONING, INC.	
--	---


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

DO NOT WRITE IN THIS SPACE

FILED

06 MAY -8 PM 1:52

SECRET  
TALLAHASSEE, FLORIDA



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2027195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SMITH, JR, PAUL M
STREET ADDRESS	9400 NW 17ST
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	SMITH, JENNIFER A
STREET ADDRESS	9400 NW 17TH ST
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	P
NAME	SMITH, PAUL M.
STREET ADDRESS	1430 NW 99TH AVE.
CITY-ST-ZIP	PLANTATION, FL
TITLE	VPST
NAME	SMITH, NANCY LEE T.
STREET ADDRESS	1430 NW 99TH AVE.
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

300076202943

06/14/06--01036--006 \*\*1100.00

12. I hereby certify that the information supplied with this filing 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 names empowered.

**SIGNATURE:**  **4/13/06 (305) 858-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #