2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678473

SOUTHEAST AIR CONDITIONING, INC.

FILED Apr 29, 2009 Secretary of State

Entity Name: SOUTHEAST AIR CONDITIONING, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
13840 N.W MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US				999 BRICKELL AVENUE SUITE 600 MIAMI, FL 33131 US			
FEI Number:	59-2027195	FEI Number Applied I	For () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
2665 S BA	SETH POL YSHORE D GROVE, F				ELL AVENUI	NSKY, ESQUIRE E, SUITE 600 S	
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: MITCHELL S. POLANSKY				04/29/2009			
	Electi	onic Signature of Regis	stered Agent			Date	
Election Can	npaign Financ	ing Trust Fund Contribution	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D SMITH, JR, I 9400 NW 17 PLANTATIOI	ST		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D SMITH, JEN 9400 NW 17 PLANTATION	TH ST		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	P SMITH, PAU 1430 NW 99 PLANTATIOI	TH AVE.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VPST SMITH, NAN 1430 NW 99 PLANTATIOI	TH AVE.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	AS	() Delete		Title:	AS (X) Change ()Addition	

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.

Name:

Address:

City-St-Zip: MIAMI, FL 33131

SIGNATURE: MITCHELL S. POLANSKY AS 04/29/2009

POLANSKY, MITCHELL S

MIAMI, FL 33133

2665 S. BAYSHORE DRIVE, SUITE 7033

Name:

Address:

City-St-Zip:

POLANSKY, MITCHELL S

999 BRICKELL AVENUE, SUITE 600