

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F57851
 1. Entity Name
 FLORIDA STATE AIR CONDITIONING & REFRIGERATION COMPANY



Principal Place of Business 13825 SW 142 AVE MIAMI, FL 33186 US	Mailing Address 13825 SW 142 AVE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2153811	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIRINOS, ANDRES
 13825 SW 142ND AVE
 MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607 193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHIRINOS, ANDRES 16074 SW 112TH TERR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CHIRINOS, ANU 16074 SW 112TH TERR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CHIRINOS, GREGORIO 16074 SW 112TH TERR. MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 07/22/04-80004-015 150.00

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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 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 of an officer or director.

SIGNATURE: _____ DATE: 7.19.04 305-238-6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #