


FILED
May 02, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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



04282605 No Chg-P CR2E084 (10/03)

4. FEI Number 59-2153811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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 applicable) DATE _____

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

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 05/04/05-80058-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 like empowered.

SIGNATURE: _____ (Signature and Typed or Printed Name of Signing Officer or Director)
 4-28-05 (305)336-6894