


**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
 4-28-05 (305)336-6894  
 (Date) (Daytime Phone #)