2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

| DOC | L IN | 1FN | T#F | 578 | 51 |
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| | | | | ~, ~ | |

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



DO NOT WRITE IN THIS SPACE

01262007 No Chg-P CR2E0

CR2E034 (11/05)

4. FEI Number 59-2153811

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

| MIAMI, FL 33186 | | | IN THIS SPACE | | | |
|---------------------------------------|---|--|-----------------|--------------------------------|---|--|
| | named entity submits this statement for the prions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if | applicable (NOTE: Registered | Agent signature | required when reinstating) | U0000060 75 59 01/31/07_80044_010_150.00 | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May E Added to Fees | | \$5.00 May Be Added to Fees | 01/ 31/ 01 00044 010 130.00 | |
| 10. | OFFICERS AND DIREC | TORS | | | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHIRINOS, ANDRES 16074 SW 112TH TERR. MIAMI, FL 33186 | - | | | `. | |
| THEF NAME STREET ADDRESS CITY-ST-ZIP | S CHIRINOS, ANU 16074 SW 112TH TERR. MIAMI, FL 33186 | | | | | |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | T CHIRINOS, GREGORIO 16074 SW 112TH TERR. MIAMI, FL 33186 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | <u></u> . | | |
| TITLE NAME | | | | | | |

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 trystee 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 provided in the provided in the control of the corporation of the c

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CITY-ST-ZIP

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 1/27/07

Daytme Phone #

Date