


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # K41581
 1. Entity Name
 PHOENIX AIR CONDITIONING, INC.



Principal Place of Business Mailing Address
 3026 SW 42ND ST 3026 SW 42ND ST
 BAY 4 BAY 4
 FT LAUDERDALE, FL 33312 US FT LAUDERDALE, FL 33312 US



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0080641 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SILVER, SAMUEL M., ESQ.
 5821 HOLLYWOOD BLVD
 SUITE 200
 HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D
NAME	DONOFRIO, SALVATORE
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY - ST - ZIP	FT LAUDERDALE, FL 33372
TITLE	PST
NAME	DONOFRIO, SALVATORE
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	VD
NAME	LETENDRE, DONALD K.
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000337877
 04/28/05-80013-024 150.00

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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, with all other like empowered.

SIGNATURE: Salvatore Donofrio Date: 4-22-05 Daytime Phone #: 954 581-1927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR