

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 023 ***150.00

DOCUMENT # K41581					
1. Entity Name PHOENIX AIR CONDITIONING, INC.					
Principal Place of Business 3026 SW 42ND ST BAY 4 FT LAUDERDALE, FL 33312 US		Mailing Address 3026 SW 42ND ST BAY 4 FT LAUDERDALE, FL 33312 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0080641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILVER, SAMUEL M., ESQ. 5821 HOLLYWOOD BLVD SUITE 200 HOLLYWOOD, FL 33021				Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>5440 S University Dr</i> <i>Suite 210</i> City <i>Davie</i> FL Zip Code <i>33328</i>	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOFRIO, SALVATORE		NAME		
STREET ADDRESS	3026 SW 42ND ST, BAY 4		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33372		CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOFRIO, SALVATORE		NAME		
STREET ADDRESS	3026 SW 42ND ST, BAY 4		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LETENDRE, DONALD K.		NAME		
STREET ADDRESS	3026 SW 42ND ST, BAY 4		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>DONOFRIO</i>		Date <i>4-22-08</i> Daytime Phone # <i>954 581-1927</i>	