FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2006 8:00 am
Secretary of State
05-10-2006 90092 014 ***150.00

V 60037410

DOCUMENT # P04000152871

1. Entity Name

APEX-TECH AIR CONDITIONING INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12306 S.W. 10TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33025 / Country	Zip / Country

4. FEI Number: 54-2138356 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B ARBARA FOUST, CPA

Street Address (P.O. Box Number is Not Acceptable): 3401 NW 202ND STREET

MIAMI GARDENS

City: MIAMI GARDENS **FL** Zip Code: 33056

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	LHERISSON, STEPPHANE	NAME	
STREET ADDRESS	3411 SW 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33023-6336	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	LHERISSON, MARIE E	NAME	
STREET ADDRESS	3411 S.W. 36TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33023-6336	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie E. Lherisson STEPHANIE LHERISSON, PRESIDENT 4/28/2006 954-292-4603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #