


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000089646</b> 1. Entity Name CANNON AIR-CONDITIONING & REFRIGERATION, INC.	
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Principal Place of Business 1133 NW 134 PL MIAMI, FL 33182	Mailing Address 1133 NW 134 PL MIAMI, FL 33182
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**DO NOT WRITE IN THIS SPACE**



09022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0620131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SAEZ, JOSE  
1133 NW 134 PL  
MIAMI, FL 33182

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAEZ, JOSE 1133 NW 134 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARCIA, ALFREDO 13752 SW 28 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARCIA, RITA 13752 SW 28 ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000171903  
09/09/04-80001-010 150.00

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_