

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089646

FILED
Mar 04, 2008
Secretary of State

Entity Name: CANNON AIR-CONDITIONING & REFRIGERATION, INC.

Current Principal Place of Business:

1133 NW 134 PL
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

1133 NW 134 PL
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-0620131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAEZ, JOSE
1133 NW 134 PL
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAEZ, JOSE
Address: 1133 NW 134 PL
City-St-Zip: MIAMI, FL 33182

Title: VD () Delete
Name: ARCIA, ALFREDO
Address: 13752 SW 28 ST
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: ARCIA, RITA
Address: 13752 SW 28 ST
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE SAEZ

PD

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date