2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000052073

1. Entity Name
COMFORT TECH AIR CONDITIONING, INC.

Principal Place of Business
13117 NW 107 AVE. BAY 6
HIALEAH GARDENS, FL 33018 US

Mailing Address
13117 NW 107 AVE. BAY 6
HIALEAH GARDENS, FL 33018 US

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0674054
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, MAYKEL
13117 NW 107 AVENUE, BAY 6
HIALEAH GARDENS, FL 33018

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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 _____ January 8, 2008
Signature, typed or printed name of registered agent and title if applicable (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. ☐ $5.00 May Be Added to Fees

U00000783809
01/16/08-80029-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERNANDEZ, MAYKEL
STREET ADDRESS	13117 NW 107 AVE. BAY 6
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	V
NAME	PAREDES, MONICA
STREET ADDRESS	12208 SW 129 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	ENRIQUEZ, LUIS I
STREET ADDRESS	12208 SW 129 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: MayKel Hernandez January 8, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
305-909-1203