

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90451 001 \*\*\*150.00  
04-30-2004 90451 002 \*\*\*\*\*8.75

**66417329**



03252004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000106372</b> 1. Entity Name <b>BONILLA AIR CONDITIONING SERVICES CORPORATION</b>					
Principal Place of Business <b>1105 NW 80 TER STE. I MARGATE, FL 33063</b>			Mailing Address <b>1105 NW 80 TER STE. I MARGATE, FL 33063</b>		
2. Principal Place of Business <b>3420 NE 11<sup>th</sup> AVE</b>		3. Mailing Address <b>3420 NE 11<sup>th</sup> AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Pompano beach FL</b>		City & State <b>Pompano beach</b>		4. FEI Number <b>20-0256060</b>	
Zip <b>33064</b>		Country <b>FL</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BONILLA, HAROLD A 1105 NW 80 TER STE. I MARGATE, FL 33063</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3420 NE 11<sup>th</sup> AVE</b> City <b>Pompano</b> <b>FL</b> Zip Code <b>33064</b>		
*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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BONILLA, HAROLD A</b> <input type="checkbox"/> Delete <b>1105 NW 80 TER #1</b> <b>MARGATE, FL 33063</b> <b>3420 NE 11<sup>th</sup> AVE</b> <b>Pompano beach FL 33064</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GARCIA, MONICA</b> <input type="checkbox"/> Delete <b>1105 NW 80 TER #1</b> <b>MARGATE, FL 33063</b> <b>3420 NE 11<sup>th</sup> AVE</b> <b>Pompano beach FL 33064</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>3-27-04</b> <b>954-9433362</b> <b>954-5886800</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		