

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

DOCUMENT # P03000106372

1. Entity Name
BONILLA AIR CONDITIONING SERVICES CORPORATION



Principal Place of Business: **1105 NW 80 TER STE. I MARGATE, FL 33063**

Mailing Address: **1105 NW 80 TER STE. I MARGATE, FL 33063**

66417329



2. Principal Place of Business: **3420 NE 11th AVE**

3. Mailing Address: **3420 NE 11th AVE**

Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State: **Pompano beach FL**

City & State: **Pompano beach**

Zip: **33064** Country: **FL**

Zip: **33064** Country: **FL**

4. FEI Number: **20-0256060**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BONILLA, HAROLD A
1105 NW 80 TER STE. I
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **3420 NE 11th AVE**

City: **Pompano** FL Zip Code: **33064**

*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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BONILLA, HAROLD A	
STREET ADDRESS	1105 NW 80 TER #1	3420 NE 11th Ave
CITY-ST-ZIP	MARGATE, FL 33063	Pompano beach FL 33064
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, MONICA	
STREET ADDRESS	1105 NW 80 TER #1	3420 NE 11th Ave
CITY-ST-ZIP	MARGATE, FL 33063	Pompano beach FL 33064
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Bonilla **3-27-04** **954-943362**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #