

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002923

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC0375760440**

**Entity Name:** ACCURATE AIR CONDITIONING AND APPLIANCE SERVICES, INC.

**Current Principal Place of Business:**

19493 SW 60 CRT.  
SOUTHWEST RANCHES, FL 33332

**Current Mailing Address:**

19493 SW 60 CRT.  
SOUTHWEST RANCHES, FL 33332 US

**FEI Number:** 65-0785531

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIN-SANG, DAVE  
19493 S.W. 60 CRT  
SOUTHWEST RANCHES, FL 33332 US

*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

**Officer/Director Detail :**

Title P  
Name CHIN-SANG, DAVE  
Address 19493 S.W. 60 CRT.  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title VP  
Name CHIN-SANG, PAULINE  
Address 19493 S.W. 60 CRT.  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title P  
Name CHIN-SANG, DAVE  
Address 19493 S.W.60 CRT.  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title VP  
Name CHIN-SANG, PAULINE  
Address 19493 S.W. 60 CRT.  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title TREASURER  
Name CHIN-SANG, CHRISTOPHER  
Address 19493 SW 60 CRT.  
City-State-Zip: SOUTHWEST RANCHES FL 33332

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAULINE CHIN-SANG

VP

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date