2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #252500

1. Entity Name AERÓ KOOL CORPORATION

Jan 24, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business 1495 S.E. 10 AVENUE HIALEAH, FL 33010-5984 Mailing Address

1495 S.E. 10 AVENUE HIALEAH, FL 33010-5984



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01212008 No Chg-P

> Applied For Not Applicable

59-0941233 5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGOR, THEODORE H. 1495 S.E. 10 AVE HIALEAH, FL 33010

SIGNATURE:

SIGNATURE AN

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent, and little if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	ing 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGOR, THEODORE H. 9400 SW 61 COURT PINECREST, FL 33156				
NAME STREET ADDRESS CITY-S1-ZIP	S GREGOR, ALKMINI 9400 SW 61 COURT PINECREST, FL 33156				000000795685 01/29/08-80001-018 158.75
NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZiP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes ! further certify that the information indicated on this report or supplemental report is true and activate 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 will an address with all other like empowered.					