2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90023 003 ***150.00

DOCUMENT # 399873

1. Entity Name
STROMING AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
7758 NW 44 ST. SUNRISE, FL 33351	7758 NW 44 ST. SUNRISE, FL 33351

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6309 N.W. 29TH PL Suite, Apt. #, etc.	6309 NW 29TH PL Suite, Apt. #, etc.
City & State: MARGATE FL	City & State: MARGATE FL
Zip: 33063 County: BROWARD	Zip: 33063 County: BROWARD

4. FEI Number: 59-1397924 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PESSANO, ANOLIN JR.
7758 NW 44 ST.
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: JACK S. STROMING
Street Address (P.O. Box number is not acceptable): 6309 N.W. 29TH PL
City: MARGATE FL Zip Code: 33063

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: Jack Stroming JACK STROMING 3/15/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STROMING, JACK S 5549 MESA VERDE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STROMING, LISA 5549 MESA VERDE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FINKEL, JUDITH 7758 NW 44 ST. SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Lisa Stroming V.P.D. 3/15/05 954-970-7890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #