


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 443359
 1. Entity Name
FLORIDA AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business 12470 N.W. 124 STREET ROAD BAY 101 MEDLEY FL 33178	Mailing Address 3400 CORAL WAY STE 600 MIAMI FL 33145 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1537887** Applied For Not Applied

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

6. Name and Address of Current Registered Agent

**MODRONO, HUMBERTO
 3400 CORAL WAY
 600
 MIAMI FL 33145-3053**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 Max Added to Fee

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODRONO, HUMBERTO 12470 N.W. 124 STREET ROAD-BAY 101 MEDLEY FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODRONO, NIBYA 12470 N.W. 124 STREET ROAD-BAY 101 MEDLEY FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MODRONO, ARCADIO 12470 N.W. 124 STREET ROAD-BAY 101 MEDLEY FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, GREGORIO 12470 N.W. 124 STREET ROAD-BAY 101 MEDLEY FL 33178	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Humberto Modrono* 04/27/06 (505) 446 205