

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90022 039 \*\*\*150.00

**DOCUMENT # 541182**

1. Entity Name

AIRREO AIR CONDITIONING, INC.



Principal Place of Business

2181 S.W. 58 TERRACE  
HOLLYWOOD FL 33023

Mailing Address

2181 S.W. 58 TERRACE  
HOLLYWOOD FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1752922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLACA, JOHN  
11614 SW 53RD PLACE  
COOPER CITY FL 33330

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME P  
STREET ADDRESS PLACA, CARMEN I  
CITY-ST-ZIP 16042 FAIRWAY CIRCLE  
FT LAUDERDALE FL

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS PLACA, JOHN  
CITY-ST-ZIP 11614 SW 53RD PLACE  
COOPER CITY FL

TITLE ☒ Delete  
NAME T  
STREET ADDRESS COON, DONNA S  
CITY-ST-ZIP 309 MADISON ST  
HOLLYWOOD FL

TITLE ☒ Delete  
NAME V  
STREET ADDRESS COON, THOMAS J  
CITY-ST-ZIP 309 MADISON ST  
HOLLYWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P/T  
STREET ADDRESS PLACA, JOHN  
CITY-ST-ZIP 11614 S.W. 53rd PLACE  
COOPER CITY, FL. 33330

TITLE ☐ Change ☒ Addition  
NAME V/S  
STREET ADDRESS PLACA, ROBERT JR.  
CITY-ST-ZIP 4913 S.W. 27th TERRACE  
FT. LAUDERDALE, FL. 33312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

954-989-1234

Date

Daytime Phone #