2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 A Secretary of State

DOCUMENT # 563074 1. Entity Name AIR & HEAT UNLIMITED CORP.			Secretary of St			
Principal Place of Business	Mailing Address	-				
6650 NW 37 AVE MIAMI, FL 33147	PO BOX 126397 HIALEAH, FL 33012					
	·					
		~ =	03192007	No Chg-P	CR2E034 (1	11/05)
DO NOT WRITE IN THIS SPAC			4. FEI Number 59-1805466			Applied For Not Applicable
			5. Certificate of	Status Desired	T	75 Additional Required
6. Name and Address of Current Reg	istered Agent		ر المسلم الله ا	grang traper m		
GONZALEZ, ISIDRO J 6650 N.W. 37TH AVENUE MIAMI, FL 33147			DO N	NOT WI HIS SP	RITE	
8. The above named entity submits this statement for the the obligations of registered agent. *SIGNATURE Signature, typed or printed name of registered agent and the statement for the state		ed office or registe		in the State of Flor	ida. I am famili	ar with, and accept
Signature, typed or printed name or registered agent and to	ise ii appsicable. (NO/2: Registate	d Agent signature requires	O Author Lands (franch)			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS .				5- °		37 1 7 1 1
TITLE SC NAME GONZALEZ, ISIDRO J. STREET ADDRESS 8005 NW 162 STREET CITY-SI-ZIP HIALEAH, FL 33016			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		, , , , ,	,		0006916; 07-8001	14 7-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is tife 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 of the receiver or trustee importered 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 any attacylment with an appears, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

305 537-9333

Daytime Phon