2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 18, 2005 08:00 A		
DOCUMENT # 572626 1. Entity Name					Sec	retary of State
	AIR-CONDITIONING & REF					
Principal Plac	ce of Business	Mailing Address		1		
2191 N.W. 2 MIAMI, FL 3	26TH AVENUE 33142	2191 N.W. 26TH AVENUE - MIAMI, FL 33142				
				04142005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 59-1848		Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	legistered Agent			, 3.000 A	
CANINO, JORGE 3400 CORAL WAY SUITE 600 MIAMI, FL 33145-3053					NOT W	
the obligat	named entity submits this statement for itions of registered agent. Signature, typed or printed name of registered agent an		d Agent signature required		n, in the State of Fiol	DATE
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees		
10.	OFFICERS AND D	IRECTORS	-	-		••
NAME STREET ADDRESS CITY-ST-ZIP	P/D CANINO, JORGE 2553 S.W. 20TH STREET MIAMI, FL 33145				- 1105000	313346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANINO, GLADYS 2553 S.W. 20TH STREET MIAMI, FL 33145				14/18/05-	80122-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL AMO, GERARDO 13420 SW 24 STREET MIAMI, FL			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		IN T	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
	·				•	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: _

*

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

446 2055 Daytime Phone #