


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 678473		
1. Entity Name SOUTHEAST AIR CONDITIONING, INC.		


Principal Place of Business 13840 N.W. 6 CT. MIAMI, FL 33168	Mailing Address 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE

FILED

06 MAY -8 PM 1:52

SECRET
TALLAHASSEE, FLORIDA



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2027195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MITCHELL SETH POLANSKY, ESQUIRE 2665 S BAYSHORE DR STE 703 COCONUT GROVE, FL 33133	

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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 _____

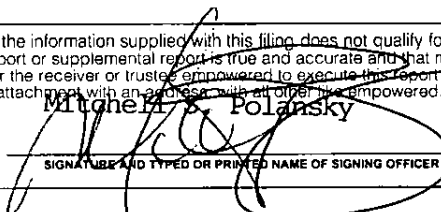
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JR, PAUL M 9400 NW 17ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JENNIFER A 9400 NW 17TH ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, PAUL M. 1430 NW 99TH AVE. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SMITH, NANCY LEE T. 1430 NW 99TH AVE. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

300076202943
06/14/06--01036--006 **1100.00

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 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 the empowered.

SIGNATURE:  4/13/06 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #