# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2008 8:00 am**
**Secretary of State**
02-08-2008 90022 005 ****70.00

DOCUMENT # 734492

1. Entity Name
SOUTH FLORIDA AIR-CONDITIONING CONTRACTORS ASSOCIATION, INCORPORATED.

| Principal Place of Business | Mailing Address |
|---|---|
| 1650 SOUTH DIXIE HIGHWAY<br>5TH FLOOR<br>BOCA RATON, FL 33432 US | 1650 SOUTH DIXIE HIGHWAY<br>5TH FLOOR<br>BOCA RATON, FL 33432 US |

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2778128
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~LAMB, DANA~~ Bustamante, Elizabeth
1650 SOUTH DIXIE HIGHWAY
STE 500
BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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] Executive Director 2/5/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | TD |
| NAME | BECKETT, SUSAN J |
| STREET ADDRESS | 4801 JOHNSON ROAD, SUITE 8 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33073 |
| TITLE | VD |
| NAME | GUZMAN, EMILIO |
| STREET ADDRESS | 4833 SW 75TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | MD |
| NAME | CALLEJA, OSCAR |
| STREET ADDRESS | 1650 S DIXIE HWY STE 500 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | D |
| NAME | SOLO, EMILIO |
| STREET ADDRESS | 8451 NW 61ST STREET |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | SD |
| NAME | LINDSTROM, DOUG |
| STREET ADDRESS | 6601 LYONS ROAD, SUITE D8 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33073 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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 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 617, 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] Liz Bustamante Executive Director 2/5/08 561-750-8558 x 206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #