

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78164

FILED
Mar 02, 2009
Secretary of State

Entity Name: GUINES AIR CONDITIONING CONTRACTORS, INC.

Current Principal Place of Business:

7350 NW 35TH ST
MIAMI, FL 33122 US

New Principal Place of Business:

5920 N.W. 2 STREET
MIAMI, FL 33126 US

Current Mailing Address:

MAGALY TURINO
PO BOX 440563
MIAMI, FL 33144 US

New Mailing Address:

PO BOX 440563
MIAMI, FL 33144 US

FEI Number: 59-2188230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURINO, MAGALY
1856 S.W. 136 PLACE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURINO, MAGALY P
Address: 1856 S.W. 136 PLACE
City-St-Zip: MIAMI, FL 33175 US

Title: S () Delete
Name: PALENZUELA, HERIBERTO
Address: 5920 N.W. 2 STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALY TURINO

P

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date