

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F90083

1. Entity Name
AIR CONDITIONING CRANE SERVICE, INC.



FILED
06 APR 21 11:37

Principal Place of Business
9120 NW 96 STREET
MIAMI, FL 33178

Mailing Address
5200 NW 99 AVE.
SUNRISE, FL 33351



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04132006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
59-2208655

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STENMARK, JANET M
5200 NW 99 AVE
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE
NAME PDST
STREET ADDRESS STENMARK, JANET M.
CITY-ST-ZIP 5200 NW 99 AVE
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME 2 VP
STREET ADDRESS HEMMIS, REYNOLD H JR
CITY-ST-ZIP 8651 NW 8 ST
PEMBROKE PINES, FL 33024 ☐ Delete

TITLE
NAME VP
STREET ADDRESS STENMARK, SIGVARD K
CITY-ST-ZIP 5200 NW 99 AVE
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3-VP
NAME FELIX BARCIA
STREET ADDRESS 3791 JW 87 CT.
CITY-ST-ZIP MIAMI, FL 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 800073901258
STREET ADDRESS 05/03/06--01030--007
CITY-ST-ZIP **70.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Janet M. Stenmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET M. STENMARK 4/19/06 305-884 8441
Date Daytime Phone #