2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F90673

FILED Apr 29, 2009 Secretary of State

Entity Name: B & B AIR CONDITIONING & REFRIGERATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
3260 SW MIAMI, FL					
Current Mailing Address:		New Mailing Address:			
3260 SW MIAMI, FL					
El Number	: 59-2209643	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:
3260 SW.	SCOTT 35 TERR.				
VIIAIVII, FL	33155 US				
The above		submits this statement for the p	ourpose of changing it	s registered	d office or registered agent, or both
The above	e named entity : e of Florida.	submits this statement for the p	ourpose of changing it	s registered	d office or registered agent, or both
The above n the Stat	e named entity : e of Florida. RE:	submits this statement for the particles of Registered Ago		s registered	d office or registered agent, or both Date
The above n the Stat SIGNATU	e named entity : e of Florida. RE:Electror			s registered	
The above n the Stat SIGNATU	e named entity : e of Florida. RE:Electror	nic Signature of Registered Ago	ent		
The above n the Stat SIGNATU	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Ago g Trust Fund Contribution (). TORS:	ent	S/CHANGE	Date
The above n the State SIGNATU Election Ca OFFICER Vittle: Vittle: Vame: Address:	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC DVP () LACANNE, SCC 18390 SW 204 MIAMI, FL	Tic Signature of Registered Age Trust Fund Contribution (). TORS: Delete DITT TH ST. Delete SSLYN	ADDITION Title: Name: Address:	S/CHANGE DPST LACANNE, R	Date ES TO OFFICERS AND DIRECTO () Change () Addition (X) Change () Addition

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: RUSSLYN LACANNE PRS 04/29/2009