2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90046 008 ***150.00

DOCUMENT # G08724

1. Entity Name
ALOHA AIR CONDITIONING, INC.

50057878

Principal Place of Business	Mailing Address
5400 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309 US	5400 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309 US

07062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2249625
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOLAN, JAMES
540 NE 8TH ST, #2A
FORT LAUDERDALE, FL 33304

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRY, JAMES E.
STREET ADDRESS	3251 N.W. 114TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	ST
NAME	BARRY, EDNA
STREET ADDRESS	5940 SW 13TH STREET
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: James E Barry 7/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50057878

June 29, 2005

Division of Corporation
PO BOX 6198
Tallahassee, Fl 35314-6198

Document #608724
#P01000028780
#P97000041926
#P96000013688

We received the Notice of Dissolution on these (4) corporations today. We did not receive any prior notice and are asking for you to waive any late or penalty fees involved. Please send us the forms by mail and we will remit as soon as they are received. If you have any questions, please do not hesitate to call.

Sincerely,

James Barry
President