

**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.



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

Mailing Address
**5400 N.W. 10TH TERRACE
FORT LAUDERDALE, FL 33309 US**

50057878



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BARRY, JAMES E.
3251 N.W. 114TH AVENUE
CORAL SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BARRY, EDNA
5940 SW 13TH STREET
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50057878

2 of 2

June 29, 2005

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

Document #608724

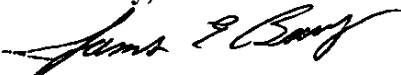
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#P97000041926

#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