2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)				Mar 13 2006 09.00 AM
DOCUMENT # G28977  1. Entity Name				Mar 13, 2006 08:00 AM Secretary of State
MR. KOO	L AIR CONDITIONING SE	RVICE, INC.		
Principal Place of Business		Mailing Address		1
6901 NW 50 ST MIAMI FL 33166		6901 NW 50 ST - MIAMI FL 33166		> > > > > > > > > > > > > > > > > > >
	5.00	1411 (1411 ) 7 2 25 ( 24)		
2. Principal Place of Business		3. Mailing Address		2 CERNON MANE COMME CARNE CARNE TARRO TARRO TARRO MONTE BY MANE BY MANE BY MANE AND ACCORDED IN CARNE
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE
City & State		City & State		
City & State				4. FEI Number 59-2280688   Applied For Not Applied
Ζιρ	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
ZAE	BALA, FELIX		Name	
2821 S.W. 109 AVE. MIAMI FL 33165			Street Address (	(P.C. Box Number is Not Acceptable)
		-		
			City	FL Zip Code
	a named entity submits this statement tions of registered agent.	it for the purpose of changing its	s registered office or register	red agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE				
	Signature typed of printed name of registered at FILE NOW!!! FEE IS \$150.00	ma are title d'applicable (NO:	(E. Registered Agent signature required	d when reinstatury) DATE
After	May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	.00 t of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee.
10.		ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP ZABALA, FELIX	☐ Delele	NAME	☐ Change ☐ A(1)
STREET ADDRESS CITY-ST-ZIP	2821 S W109TH AVE		STREET ADDRESS	
TITLL	MIAMI, FL 00000	☐ Delete	CIFY-ST-ZIP	☐ Change ☐ A.C.
NAME STREET ADDRESS	ZABALA, DOMINGA	-	NAME CYCL L COLUMN C	1100000464723 03/22/06-80006-016 150. <b>0</b> 0
GITY-ST-ZIP	2821 SW 109TH AVE. MIAMI FL		STREET ADDMESS CITY-ST-ZIP	03/22/06-80006-016 150.00
TITLE		☐ Delete	INTE	☐ Change ☐ Md:
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-7IP			CHY-ST-ZIP	
TITLE NAME		Defete	TITCE NAME	☐ Change ☐ A.?
STREET ADDRESS			STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Aia:
NAME			NAME	
STREET ADDRESS CITY-ST-21P	}		STREET ADDRESS CITY-ST-ZIP	
TILE		☐ Delete	Mcc	☐ Change ☐ A.**
NAME STREET ADDRESS			NAME Street address	
City-Si-ap			CHY-SI-ZIP	

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeculy July 1

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