

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 028 ***150.00

DOCUMENT # J86370

1. Entity Name
CENTRAL AUTO AIR, INC.



Principal Place of Business: 3062 SOUTHWEST 4 AVENUE
FORT LAUDERDALE, FL 33315 US
Mailing Address: 3062 SOUTHWEST 4 AVENUE
FORT LAUDERDALE, FL 33315 US



01272005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0003389

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NODARSE, PASTOR
6110 SW 55 CT.
DAVIE, FL 33314

**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
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PASTOR NODARSE, JR.
STREET ADDRESS	6110 SW 55 CT.
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	PASTOR NODARSE, JR. ISABEL NODARSE
STREET ADDRESS	6110 SW 55 CT.
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VP
NAME	NODARSE, PASTOR JR.
STREET ADDRESS	6110 SW 55 CT.
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pastor Nodarse, Jr.

1/27/05 (954) 524-1846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #