


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # J90867 1. Entity Name AAA RADIATOR & AIR CONDITIONING INC.	
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Principal Place of Business 405 N. PARROTT AVE. OKEECHOBEE, FL 34972	Mailing Address PO BOX 908 OKEECHOBEE, FL 34973
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2842808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONTESI, MARSHA E
C/O 405 N PARROTT AV
4572 NE 80TH AVE
OKEECHOBEE, FL 34972**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD MONTESI, CRAIG S. 4572 NE 80TH AVE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MONTESI, MARSHA 4572 NE 80TH AVE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTESI, CRAIG S JR 4572 NE 80TH AVE PKEECHOBEE, FL
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05/14/07-80066-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Craig Montesi **4-24-07** **863 634 7010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #