


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90001 034 ***158.75

DOCUMENT # K30271
 1. Entity Name
PROTEC COOLING TOWERS, INC.



Principal Place of Business Mailing Address
6935 NW 50TH STREET **6935 NW 50TH STREET**
MIAMI FL 33166-5633 **MIAMI FL 33166-5633**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0087734 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SOTOLONGO, ALFREDO
6935 NW 50TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTVD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, ALFREDO	
STREET ADDRESS	660 CALATRAVA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, RENE	
STREET ADDRESS	1845 S.W. 87TH PL.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABATER-ENRIQUE	
STREET ADDRESS	10137 S.W. 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, GLORIA	
STREET ADDRESS	660 CALATRAVA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTOLONGO-ABINADER, GLORIA	
STREET ADDRESS	750 CORDNADO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, ALFREDO M	
STREET ADDRESS	10700 SW 7TH ST	
CITY-ST-ZIP	PINE CREST FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO-ABINADER, GLORIA	
STREET ADDRESS	750 CORONADO AVE.	
CITY-ST-ZIP	CORAL GABLES, FL. 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **2-6-04** **305-594-3684**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #