


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K30271 1. Entity Name PROTEC COOLING TOWERS, INC. |  |
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|---|---|
| Principal Place of Business 6935 NW 50TH STREET MIAMI FL 33166-5633 | Mailing Address 6935 NW 50TH STREET MIAMI FL 33166-5633 |
|---|---|



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

1st MOORE CR2E034 (10/04)

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---------------------------------|--|
| 4. FEI Number 65-0087734 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---|---|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 CORONADO 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 | U00000265394 |
| STREET ADDRESS | 03/16/05-80056-010 158.75 |
| 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 | <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 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alfredo M. Sotolongo* Date: 3-14-05 Daytime Phone #: 305-594-3684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR