

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
Feb 09, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
**6935 NW 50TH STREET
MIAMI FL 33166-5633**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0087734** Applied For Not Applicable

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SOTOLONGO, ALFREDO		NAME	U00000427338	
STREET ADDRESS	660 CALATRAVA AVE		STREET ADDRESS	02/21/06-80003-008 158.75	
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PEREZ, RENE		NAME		
STREET ADDRESS	1845 S.W. 87TH PL.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SABATER, ENRIQUE		NAME		
STREET ADDRESS	10137 S.W. 117TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SOTOLONGO, GLORIA		NAME		
STREET ADDRESS	660 CALATRAVA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SOTOLONGO-ABINADER, GLORIA		NAME		
STREET ADDRESS	750 CORONADO AVE.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SOTOLONGO, ALFREDO M		NAME		
STREET ADDRESS	10700 SW 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	PINE CREST FL 33156		CITY-ST-ZIP		

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 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: _____ 1/27/06 305-594-3684