

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 004 ***158.75

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

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	X TVD
NAME	SOTOLONGO, ALFREDO
STREET ADDRESS	660 CALATRAVA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	V
NAME	PEREZ, RENE
STREET ADDRESS	1845 S.W. 87TH PL.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V
NAME	SABATER, ENRIQUE
STREET ADDRESS	10137 S.W. 117TH COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VSD
NAME	SOTOLONGO, GLORIA
STREET ADDRESS	660 CALATRAVA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	VD
NAME	SOTOLONGO-ABINADER, GLORIA
STREET ADDRESS	750 CORONADO AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	Xo P
NAME	SOTOLONGO, ALFREDO M
STREET ADDRESS	10700 SW 7TH ST
CITY-ST-ZIP	PINE CREST, FL 33156

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO SOTOLONGO

Date

3/26/08 (305) 594-3684

Daytime Phone #