

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30271

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** PROTEC COOLING TOWERS, INC.

**Current Principal Place of Business:**

6935 NW 50TH STREET  
MIAMI, FL 331665633

**New Principal Place of Business:**

**Current Mailing Address:**

6935 NW 50TH STREET  
MIAMI, FL 331665633

**New Mailing Address:**

**FEI Number:** 65-0087734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SOTOLONGO, ALFREDO  
6935 NW 50TH ST  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TVD  
Name: SOTOLONGO, ALFREDO  
Address: 660 CALATRAVA AVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: V  
Name: PEREZ, RENE  
Address: 15822 SW 63 TERRACE  
City-St-Zip: MIAMI, FL 33193

Title: V  
Name: SABATER, ENRIQUE  
Address: 10137 S.W. 117TH COURT  
City-St-Zip: MIAMI, FL 33186

Title: VSD  
Name: SOTOLONGO, GLORIA  
Address: 660 CALATRAVA AVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: VD  
Name: SOTOLONGO-ABINADER, GLORIA  
Address: 750 CORONADO AVE.  
City-St-Zip: CORAL GABLES, FL 33143

Title: PD  
Name: SOTOLONGO, ALFREDO M  
Address: 10700 SW 74TH ST  
City-St-Zip: PINE CREST, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO M SOTOLONGO

PD

01/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date