


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K34041
 1. Entity Name
SANTY'S AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business 7531 NW 70TH STREET MIAMI, FL 33166 US	Mailing Address 7531 NW 70TH STREET MIAMI, FL 33166 US
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03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0074320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 UGALDE, SANTIAGO
 14201 SW 21 TERR
 MIAMI, FL 33195

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UGALDE, SANTIAGO 14201 SW 21 TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE ARMAS, PABLO JR. 3590 SW 147TH PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DE ARMOS, SANDRA 3590 SW 147 PL MIAMI, FL 33185
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 03/30/05-80017-010 150.00

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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:  **3/17/05** (305) 884-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #