2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** DOCUMENT # K34041 Jul 02, 2008 08:00 AM SANTY'S AIR CONDITIONING AND REFRIGERATION, **Secretary of State** Principal Place of Business Mailing Address 7531 NW-70TH-STREET 7531 NW 70TH STREET MIAMI, FL 33166 MIAMI, FL 33166 06252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0074320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UGALDE, SANTIAGO DO NOT WRITE 14204 SW 21 TERR MIAMI, FL 33175 IN THIS SPACE 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 little if applicable (NOTE Registered Agen) suggeture required when registating: In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE UGALDE, SANTIAGO NAME STREET ADDRESS 14201 SW 21 TERR U00000953481 U7/92/08-80001-017 150.00 CITY-ST-ZIP MIAMI, FL 33175 TITLE DE ARMAS, PABLO JR. NAME STREET ADDRESS 14884 SW 33 TRR MIAMI, FL 33185 CITY-ST-ZIP TITLE DE ARMAS, SANDRA NAME STREET ADDRESS 14884 SW 33 TRR DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33185 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attact mean that my address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

HAME OF EVANING OFFICER OR DIRECTOR

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