2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K41581

1. Entity Name
PHOENIX AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
3026 SW 42ND ST BAY 4 FT LAUDERDALE, FL 33312 US	3026 SW 42ND ST BAY 4 FT LAUDERDALE, FL 33312 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0080641
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVER, SAMUEL M., ESQ.
5821 HOLLYWOOD BLVD
SUITE 200
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000529861
05/05/06-80094-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONOFRIO, SALVATORE
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY-ST-ZIP	FT LAUDERDALE, FL 33372
TITLE	PST
NAME	DONOFRIO, SALVATORE
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	VD
NAME	LETENDRE, DONALD K.
STREET ADDRESS	3026 SW 42ND ST, BAY 4
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: _____ 4-20-06 954 581-1927
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #