



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90218 046 ***150.00

DOCUMENT # L32731 1. Entity Name COLD FRONT AIR CONDITIONING AND REFRIGERATION, INC.					
Principal Place of Business 788 NE 42ND STREET OAKLAND PARK FLORIDA FL 33334 US			Mailing Address 788 NE 42ND STREET OAKLAND PARK FLORIDA FL 33334 US		
2. Principal Place of Business 1810 SW 7th AVE. Suite, Apt. #, etc.		3. Mailing Address 1325 SW 26 AVE Suite, Apt. #, etc.			
City & State Pompano Beach FL Zip 33062 Country USA		City & State Deerfield Beach FL Zip 33442 Country USA		4. FEI Number 65-0166121 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent THOMPSON, PAUL E 609 NW 124TH AVE POMPANO BEACH FL 33060					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1300 NE 2 ST. City Pompano Beach FL Zip Code 33060					
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 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMPSON, PAUL E. 609 NE 12TH AVE POMPANO BEACH FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS only Change 1300 NE 2 ST. Pompano Beach FL 33060 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  PAUL THOMPSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05 <small>Date</small>		954-941-6230 <small>Daytime Phone #</small>