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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L84937

(6)

AIRTA	on Name MPA AIR CONDITIONING:	, INC.				
Principal Place	e of Business	Mailing Address		i impridu mar imiri atala 1848 (1111	I TOBA BABAT BABAT DEBIT	ningi bidii bidii kabi
6910 CONAT TAMPA FL 33 US		6910 CONATY DR Tampa Fl 33634 US				
				3. Date Incorporated or Qualified 07/03/1990	3a. Date of La 04/25/	
2. Principal P 21	lace of Business	2a. Mailing Address		4. FEI Number 59-3031971		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional
City & State	e	City & State		6. Election Campaign Financing		Feo Required
23		28		Trust Fund Contribution		5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes Y Yes		
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New F		
9271 LA Tampa i	MARY ANN ZY LANE FL 33604		82 Speel Add 83 84 Only	ress (P.D. Box Number is Not Acceptable) CONPLY RO	FI 85	ile Code
11. Pursuant :	to the provisions of Sections 607.0 red agent, or both, in the State of Fifth, and accept the obligations of S	502 and 607.1508, Florida Statute	es, the above-named corpor	ration submits this statement for the pur	rpose of changing	its registered office
ica i mica i i ri		Scion 607.0000, Florida Statutes			ointment as regist	ered agent. I am
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable (NO	TE: Registered Agent signature require	od when reinstatingi	DATE	**··
SIGNATURE _	Signature, typed or printed name of registered a	Scion 607.0000, Florida Statutes	TE: Registered Agent aignature require		DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE	Sgnature, typed or printed name of registered a OFFICERS PD SABO, MARY ANN	agent and title if apolicable (NO AND DIRECTORS	TE: Registered Agent signature require	od when reinstatingi	DATE	CTORS IN 12
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oath, that I am an officer or director of the conforation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

933-1000