

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M05645 1. Entity Name DUAL-TEMP MECHANICAL, INC.			
Principal Place of Business 13745 SW 139 CT SUITE 102 MIAMI, FL 33186		Mailing Address 13745 SW 139 CT SUITE 102 MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE			
		04082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2450014	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 CASTILLO, LIONEL M. 4120 HARDIE RD. COCONUT GROVE, FL 33133		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000346596 04/30/05-80082-008 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTILLO, LIONEL M. 4120 HARDIE RD. COCONUT GROVE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		04-25-05 305-667-6465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	