2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M18381 1. Entity Name PTL AIR CONDITIONING SALES & SERVICE, INC.						FIL 08 JAN -3			
Principal Place of			00 0HM -3	PH 12:	49				
15509 S.W. 138		Mailing Address 15509 S.W. 138TH PL.			Signation of the first	On STA	15		
MIAMI, FL 3317	17	MIAMI, FL 33177			TALLAHASSEE, FLORIDA				
			I TREA CERTA TO THE ST						
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address							
Cuite Aut # oto		Suite, Apt. #, etc.							
Suite, Apt. #, etc.		Sune, Apr. #, etc.			01022008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number	$^{\circ}$ \wedge $^{\circ}$ \wedge $^{\circ}$	507	<u> </u>	olied For
		Zip Countr		•	77:	-0/0/3	<u> 507</u>		Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered /	Agent	
	Name								
SAN JUAN, GUSTAVO R 15509 S.W. 138TH PL.				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33177				<u> </u>					
•									
				City			FL	Zip Code	•
	med entity submits this statement for	r the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
the obligations of registered agent.									
SIGNATURE / CLASURE 1/2/08									
Signature_hyped or printed name of codistored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE 18-\$450.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11			
TITLE P Defete TITLE				E				☐ Change	☐ Addition
NAME SAN JUAN, GUSTAVO				- }		0 0115 8 %0801012	3582	278	
10000 0.111 10000 0.111				EET ADORESS '-ST-ZIP	01/23	3/0801012	013	**150.	00
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12. Thereby 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.									
1/2/08									
SIGNATURE: Kushingun									