FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 05, 2002 8:00 am Secretary of State M32901 DOCUMENT # 1. Entity Name 05-05-2002 90020 022 ***150.00 F SERVICE AND AIR CONDITIONING INC. Principal Place of Business Mailing Address 3456 N.W. 7 ST. 3456 N.W. 7 ST. MIAMI FL 33125 MIAMI FL 33125 US 3. Mailing Address 2. Principal Place of Business 10585 S. W. 109 CourT 10585 S.W. 109 ET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SuiTe 201A SuiTe City & State 4. FEI Number Applied For 59-2682710 Miami MIAmi Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ruano Hirta B. RUANO, MIRTA Street Address (P.O. Box Number is Not Acceptable) 3456 N.W. 7 STREET **MIAMI FL 33125** AIOG Zip Code 33176 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE PTD ☐ Delete TITLE Felix Ruono, Ar. 10585 S. W. 109 CT, Suite 201 A RUANO, FELIX JR. NAME NAME 3456 N.W. 7 ST. STREET ADDRESS STREET ADDRESS Miami, FL 33176 **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete MINTA B. Rugno NAME RUANO, MIRTA B NAME 10585 SW 109 CT, SuiTe 201A 3456 N.W. 7 ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33125** MIAMI, FL 33176 ☐ Delete Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: Distance and typed on printed name of signing officer on director Date Date Date Date

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.