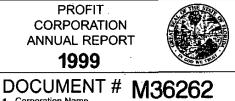
AIR CONDITIONING EXCELLENCE INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90103 023 ***150.00

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Principal Plac	e of Business	Mailing Address	_			T (Ballout) (see this drive tinks entre tink en	11	# #() # # ##	
17327 S.W. 54TH ST. DAVIE FL 33331		17327 S.W. 54TH ST. DAVIE FL 33331				DO NOT WRITE IN THIS:	SPACE		
US		US				3. Date Incorporated or Qualifed	JI AOL		1
•	•					08/05/1986			
Principal Place of Business 2a, Mailing Address						4. FEI Number	Applied For		
21	•	26				59-2699998	[N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
City & Stat	е	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current year Inta			1
24	29	30			Personal Property Tax.				
24	9. Name and Address of Curre		30			10. Name and Address of New Registered A	•		1
	5. Name and Address of Curre	in registered Agent		81	Name	10.			1
SCA	NGA, LORNA								ļ
17327 SW 54 STREET						ess (P.O. Box Number is Not Acceptable)			
DAV	ID FL 33331			83					
				84	City	FL	85 Zip	Code	1
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the oblig	e of Florida. Such change was at	unonzed	ו עם ו	tne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	hanging it tment as n	s registered egistered	-
SIGNATURE	Signature, typed or printed name of registered as				t signature required	when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12	1 8
TITLE	D .	☐ DELETE 1.1 TI		TLE .			☐ Change] 3
NAME	SCANGA, RALPH		1.2 NAME						3
STREET ADDRESS	17327 SW 54 STREET				ADDRESS				}
	DAVID FL		1.4 CITY-			•			5
CITY-ST-ZIP	DS	☐ DELETE	2.1 TITLE		-211	A Artificial Control of the Control	Change	Addition	1 ?
	J '		2.2 NAME						1
NAME	SCANGA, LORNA		'			*			1
STREET ADORESS	1730. 377 377			2.3 STREET ADDRESS					1
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NAME				3.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. C		T-ZIP			- Addition	-
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	1
NAME			4. 2 NAMI						
STREET ADDRESS			4.3 ST	REET	ADDRESS				}
CITY-ST-ZIP			4.4 CITY-		- ZIP				4
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- NAME			5.2 NA ج	WE		The state of the s	111 0		: ==
STREET ADDRESS			5.3 ST	REET	ADDRESS		trate as all		
CITY-ST-ZIP			5.4 CF	TY-ST	- Z 3P				1
TITLE		☐ DELETE	6.1 TI	TLE		•	☐ Change	☐ Addition	
	_		0.011	62 NAME					1

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS