
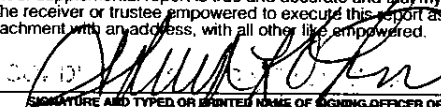


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90238 038 \*\*\*150.00

<b>DOCUMENT # M41318</b> 1. Entity Name <b>ACCLIMATE AIR CONDITIONING AND HEATING, INC.</b>					
Principal Place of Business <b>585 NW 164 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>			Mailing Address <b>585 NW 164 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>		
2. Principal Place of Business <b>137 VIA ISABELA</b> Suite, Apt. #, etc.		3. Mailing Address <b>137 VIA ISABELA</b> Suite, Apt. #, etc.			
City & State <b>JUPITER, FL</b> Zip <b>33458</b> Country <b>US</b>		City & State <b>Jupiter, FL</b> Zip <b>33458</b> Country <b>US</b>		4. FEI Number <b>59-2737568</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KOHN, ROBERT L.</b> <b>585 NW 164 AVE</b> <b>PEMBROKE PINES, FL 33028</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>137 VIA ISABELA</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33458</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOHN, ROBERT L.</b> <b>585 NW 164 AVE</b> <b>PEMBROKE PINES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>137 VIA ISABELA</b> <b>JUPITER, FL 33458</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>KOHN, SHERYL M.</b> <b>585 NW 164 AVE</b> <b>PEMBROKE PINES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>137 VIA ISABELA</b> <b>JUPITER, FL 33458</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>SHERYL KOHN VP</b>			Date <b>4-1-04</b> Daytime Phone # <b>954 748 1022</b>		

Attachments my B18

54030131

**To receive a form by mail:**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

M41318

ACCLIMATE AIR CONDITIONING AND HEATING, INC.  
585 NW 164 AVE  
PEMBROKE PINES FL 33028-1134

**Change of Address**

137 VIA ISABELA  
Jupiter, FL 33458



CR2E095 10/03