


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M42247		
1. Entity Name CARIBEAN S. AIR CONDITIONING OF FLORIDA, INC.		
Principal Place of Business 4263 SOUTHWEST 163 PATH MIAMI, FL 33185 US	Mailing Address 4263 SOUTHWEST 163 PATH MIAMI, FL 33185 US	
DO NOT WRITE IN THIS SPACE		
		01262007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2782862		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		
SANZ, MIGUEL 4263 SOUTHWEST 163 PATH MIAMI, FL 33185		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000617639 02/07/07-80082-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANZ, MIGUEL 4263 SOUTHWEST 163 PATH MIAMI, FL 33185	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANZ, BARBARA M. 4263 SOUTHWEST 163 PATH MIAMI, FL 33185	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby 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		
SIGNATURE: <u>X [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/30/07</u> Daytime Phone # <u>305-584 6321</u>