


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90377 046 ***150.00

DOCUMENT # M90552	
1. Entity Name J.G. AIR CONDITIONER AND REFRIGERATOR, INC.	

Principal Place of Business % JOSE GUANAGO 112 N.W. 48TH C.T MIAMI FL 33176	Mailing Address % JOSE GUANAGO 112 N.W. 48TH C.T MIAMI FL 33176
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 65-0069186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUANAGO, JOSE 112 N.W. 48TH CT. MIAMI FL 33176	7. Name and Address of New Registered Agent Name Gloria E. Guanaga Street Address (P.O. Box Number is Not Acceptable) 5550 NW 5th St City Miami FL Zip Code 33126
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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 *Gloria E. Guanaga* DATE **4/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUANAGO, JOSE 5550 N.W. 5TH ST. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gloria E. Guanaga <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5550 N.W. 5th St. Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUANAGO, GLORIA 5550 N.W. 5TH ST. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK GUANAGA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5550 NW 5th St Miami FL 33126 VICE PRESIDENT
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
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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.

SIGNATURE: *Gloria E. Guanaga* President. DATE: **4/1/05** 305 822 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR