

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005900

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** KASS AIR CONDITIONING & REFRIGERATION CORP.

**Current Principal Place of Business:**

10101 N.W 46 ST.  
SUNRISE, FL 33351

**New Principal Place of Business:**

536 CASCADE FALLS DR  
WESTON, FL 33327

**Current Mailing Address:**

PO BOX 266821  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0998546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAZELI, ZOHREH  
10101 N.W 46 ST  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

FAZELI, ZOHREH  
536 CASCADE FALLS DR  
WESTON, FL 33327 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/15/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOHAMMADI, REZA  
Address: 536 CASCADE FALLS DR  
City-St-Zip: WESTON, FL 33327

Title: D  
Name: FAZELI, ZOHREH  
Address: 536 CASCADE FALLS DR  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REZA MOHAMMADI

D

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date