


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P00000028592 1. Entity Name FIVE STAR AIR CONDITIONING CORP. |  |
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| Principal Place of Business 9921 NW 80TH AVE., BAY 1-N HIALEAH GARDENS, FL 33016 | Mailing Address 9921 NW 80TH AVE., BAY 1-N HIALEAH GARDENS, FL 33016 |
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0989443 | 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

**VALDES, ROBERTO
8501 N W181 ST
HIALEAH, FL 33015**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
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| 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 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VALDES, ROBERTO 8501 NW 181 ST HIALEAH, FL 330152536 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ORTIZ, JUAN B 12045 SW 185 TERRACE PERRINE, FL 33077 |
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U000000648342
03/07/07-80004-015 158.75

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:  **2/20/07 305-231-8555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #