2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

2/25/2004-90020-006-$61.25-$61.25

FILED
04 MAR 22 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02172004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000045427

1. Entity Name
INNOVATIVE AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
13266 40TH LANE NORTH ROYAL PALM BEACH, FL 33411	13266 40TH LANE NORTH ROYAL PALM BEACH, FL 33411

2. Principal Place of Business	3. Mailing Address
13266 40th Lane N.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Royal Palm Beach, Fl.	City & State
Zip: 33411 Country: U.S.A.	Zip Country

4. FEI Number: 38-4365989 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDIGO, JOSEPH
13266 40TH LANE NORTH
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] Joseph Mandigo President 2-18-04
(Signature, typed or printed name of registered agent and title if applicable) DATE
(NOTE: Registered agent signature required when reinstating)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	MANDIGO, JOSEPH	NAME	MANDIGO, JAMES
STREET ADDRESS	13266 40TH LANE NORTH	STREET ADDRESS	13266 40th Lane N.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] Joseph Mandigo President 2-18-04 (561) 753-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tn