


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 045 ***150.00

DOCUMENT # P00000046863	
1. Entity Name EVER COOL REFRIGERATION AND AIR CONDITIONING SERVICE, INC.	

Principal Place of Business 22186 SW 60TH AVE BOCA RATON, FL 33428	Mailing Address 22186 SW 60TH AVE BOCA RATON, FL 33428
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2. Principal Place of Business 1865 S. OCEAN DRIVE #9A	3. Mailing Address 1865 S. OCEAN DRIVE #9A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

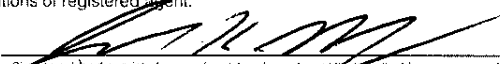
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009	Zip 33009
Country USA	Country USA



01272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1011293	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 BALEAN, MIRCEA 22186 SW 60TH AVE BOCA RATON, FL 33428	
7. Name and Address of New Registered Agent Name JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 City LAUDERDALE LAKES FL Zip Code 33319	

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.

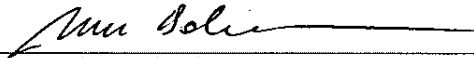
SIGNATURE  DATE **1/27/04**

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME BALEAN, MIRCEA	TITLE PST	NAME 1865 S. OCEAN DRIVE #9-A
STREET ADDRESS 22186 SW 60TH AVE	CITY-ST-ZIP BOCA RATON, FL 33428	STREET ADDRESS HALLANDALE, FL	CITY-ST-ZIP 33009
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME
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TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME

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:  DATE **01-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR