## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## FILED DOCUMENT # P00000072527 Feb 28, 2007 08:00 A 1. Entity Name **Secretary of State** BAY AIR CONDITIONING COMPANY, INC. Principal Place of Business Mailing Address 3029 SW 28TH ST MIAMI FL 33133 3029 SW 28TH ST **MIAMI FL 33133** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-1115121 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEANS, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 3029 SW 28TH ST **MIAMI FL 33133** City Zip Code FL 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 it applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete THILE Change Addition BEANS, WARREN R NAME NAME 3029 SW 28TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY - ST- ZIP TITLE Deleie TITLE ☐ Change Addition BEANS, ROBERT L NAME. NAME U00000651465 03/09/07-80008-018 158.75 3029 SW 28TH ST STRUCT ADDRESS. STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition THE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP IIIŒ Delete TITUE. ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-SI-7IP TITLE ☐ Delete TITL€ □ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-74P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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.

R. BEANS 2/26/07