2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 24, 2004 08:00 AM Secretary of State DOCUMENT # P00000111362 COOL AUTO AC, INC. Principal Place of Business Mailing Address 13640 NW 19TH AVE., BAY-19 75 NE 130 STREET MIAMI, FL 33161 OPA LOCKA, FL 33167 01212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1060230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LOUIS, ERNEST DO NOT WRITE 75 N.E. 130 ST. MIAMI, FL 33161 IN THIS SPACE 8. The above named entity submits this statement for the pulipose 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, typed or printed frame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. TITLE ÞΩ LOUIS, ERNEST NAME STREET ADDRESS 75 NE 130TH ST. U00000012721 CITY-ST-ZIP MIAMI, FL 33161 01/26/04-80021-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED