## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P01000022649 01-16-2008 90017 013 \*\*\*150.00 D.A.C. AIR CONDITIONING CORP. Principal Place of Business Mailing Address 40003--12440 S.W. 128 STREET, #6 12440 S.W. 128 STREET, #6 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1082972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENITEZ, BOB Street Address (P.O. Box Number is Not Acceptable) 3529 S.W. 112 PL. MIAMI, FL 33165 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 if applicable IPOTE: Registered Agent signature required when reinstating) DARE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change Addition DIAZ, MARIO L NAME NAME 15810 PALMETTO CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete THUE TITLE Addition ☐ Change DIAZ, MILEYDIS NAME STREET ADDRESS 15810 PALMETTO CLUB DR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE ☐ Delete THILE Aconson Change' MORBILLA, BALBUENA NAME 15810 PALMETTO CLUB DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ■ AddPios TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_\_ Addinor 1131.6 Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 eath, that I am an efficer 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 in changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

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Jan 16, 2008 8:00 am