

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 024 ***150.00

DOCUMENT # P01000060976 1. Entity Name KOOL ZONE AIR CONDITIONING CORP.					
Principal Place of Business 1314 SE 7TH COURT HOMESTEAD, FL 33033			Mailing Address 1314 SE 7TH COURT HOMESTEAD, FL 33033		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ANGULO, OSCAR 7340 SW 35TH ST MIAMI, FL 33155				7. Name and Address of New Registered Agent Name <u>OSCAR ANGULO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1314 SE 7 CT</u> City <u>HOMESTEAD</u> <u>FL</u> Zip Code <u>33033</u>	
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 <u>[Signature]</u> <u>TSA</u> DATE <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ANGULO, OSCAR 7340 SW 35TH ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD, VD <u>OSCAR ANGULO</u> <u>1314 SE 7 CT</u> <u>HOMESTEAD, FL 33033</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANALES, PEDRO 7340 SW 35TH STREET MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTES, GUSTAVO 3686 S.W. 25 TERRACE MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>[Signature]</u> <u>OSCAR ANGULO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/24/07</u> Daytime Phone # <u>305-216-9874</u>		