

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90072 026 \*\*\*150.00



|   |                                   |   |  |  |  |
|---|-----------------------------------|---|--|--|--|
| <b>DOCUMENT # P01000083399</b>  |                                   |   |  |  |  |
| 1. Entity Name<br>ECONOMICAL REFRIGERATION AND AIR<br>CONDITIONING AND APPLIANCES, INC.   |                                   |   |  |  |  |
| Principal Place of Business<br>1701 NE 191ST ST.<br>SUITE 313<br>N MIAMI BCH, FL 33179  |                                   | Mailing Address<br>1701 NE 191ST ST.<br>SUITE 313<br>N MIAMI BCH, FL 33179  |  |  |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |                                   | City & State  |  |  |  |
| Zip   |                                   | Country   |  | 07132004 Chg-P CR2E034 (10/03)<br>4. FEI Number<br><b>65-1133010</b> Applied For<br>Not Applicable |  |
| Zip   |                                   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>    |  |
| 6. Name and Address of Current Registered Agent<br><br>SCHUSTER, MARVIN<br>1300 MIAMI GARDENS DR, STE 614<br>N MIAMI BCH, FL 33179  |                                   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>   |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.       |  |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE   | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | SCHUSTER, MARVIN                  | NAME  |  |  |  |
| STREET ADDRESS  | 1300 MIAMI GARDENS DR, STE 614    | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   | N MIAMI BCH, FL 33179             | CITY-ST-ZIP   |  |  |  |
| TITLE   | V <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | SCHUSTER, CLARA                   | NAME  |  |  |  |
| STREET ADDRESS  | 1300 MIAMI GARDENS DR, STE 614    | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   | N MIAMI BCH, FL 33179             | CITY-ST-ZIP   |  |  |  |
| TITLE   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                   | NAME  |  |  |  |
| STREET ADDRESS  |                                   | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP   |  |  |  |
| TITLE   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                   | NAME  |  |  |  |
| STREET ADDRESS  |                                   | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP   |  |  |  |
| TITLE   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                                   | NAME  |  |  |  |
| STREET ADDRESS  |                                   | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                   | 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. |                                   |   |  |  |  |
| SIGNATURE: <i>Clara Schuster</i>  |                                   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date <i>8/10/04</i> Daytime Phone # <i>305 354708</i>  |  |