2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011465 1. Entity Name COOL AIR U.S.A. CORP.							77 I	05 JUN - 1 AM 11: 03 Show STATE TALLAHA (Suc., FLORIDA			
Principal Place of Business Mailing Address 1650 ALTON ROAD 1650 ALTON ROAD MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139					39 l	JS				IN NIII RAI () (82)	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			05112005	Chg-P	CR2E034 (10/0	03)	
City & State				City & State			4. FEI Numb	"0033 <u>2</u> 6	γ	Applied For Not Applicable	
Zip	Country			Zip	Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
ISMAIL, ORLANDO						Ivanie					
10850 SW 88 ST				Street A			ddress (P.O. Box Number is Not Acceptable)				
1-402 MIAMI, FL 33176											
, Mir. Will, 12 30113				City					FL Zip (Code	
8. The above named ervity 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										vith, and accept	
the obligations of registered agent.											
SIGNATURE Soptiative, typical provided mannel of registered adjunt and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees		with s. 607.193(2) not receive the pri		
10.		OFFICER	S AND DIRE		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	D Delete					E			Chan	ge 🔲 Addition	
NAME STREET ADDRESS	ISMAIL, ORLANDO RESS 10850 SW 88 STREET 1-402					EET ADDRESS					
CITY-ST-ZIP	MIAMI, FI				-ST-ZIP						
TITLE	P Delete Titt								☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	VIERA, BEATRIZ 6320 NW 114 AVE #1202				NAM STR	EET ADDRESS	. 80	800055976308 96/93/0501051004 **150.00			
City-St-ZiP	MIAMI, FI		•		-ST-ZIP	06/09	/0501051-	004 **15	0.00		
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NAME					NAM	· I			_	_	
STREET ADDRESS CITY-ST-ZIP						EET AODRESS -ST-ZIP					
	L	e information spodii	ed with this :	filing does not qualify fo			in Section 119.07(3)	(i), Florida Statutes.	I further certify that the	ne information	
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 of 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.											
5/10/05 700 UDON/											
SIGNATURE: 5/18/05 /85-988/6											