

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000050059

1. Entity Name  
KELMAR AIR CONDITIONING INC.



Principal Place of Business

12250 N.W. 7TH TRAIL  
MIAMI, FL 33182

Mailing Address

12250 N.W. 7TH TRAIL  
MIAMI, FL 33182



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0711706 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORES, RUBEN I  
12250 N.W. 7TH TRAIL  
MIAMI, FL 33182

DO NOT WRITE  
IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000226097  
02/12/05-80002-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLORES, RUBEN I
STREET ADDRESS	12250 N.W. 7TH TRAIL
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	SD
NAME	FLORES, ROSA A
STREET ADDRESS	12250 N.W. 7TH TRAIL
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000226097  
02/12/05-80002-006 8.75

DO NOT WRITE  
IN THIS SPACE

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: *Ruben Flores* RUBEN FLORES

02-09-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

(305) 557 8674