
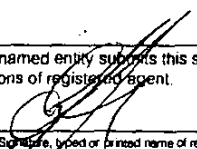
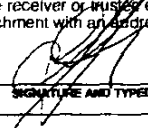


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90441 019 ***150.00

DOCUMENT # P02000058235 1. Entity Name ARCO TEMP A/C, INC.					
Principal Place of Business 8600 NW 64 STREET UNIT 1 MIAMI, FL 33166			Mailing Address 8600 NW 64 STREET UNIT 1 MIAMI, FL 33166		
2. Principal Place of Business 7448 NW 8 ST			3. Mailing Address 7448 NW 8 ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL 33126			City & State MIAMI, FL 33126		
Zip 33126			Country MIAMI-DADE		
4. FEI Number 75-3068499			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HERNANDEZ, EDUARDO 8600 NW 64 STREET UNIT 1 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name HERNANDEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 7448 NW 8 ST City MIAMI, FL Zip Code 33126		
8. The above named entity supports 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  DATE 04-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			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	P NUNEZ, JULIO 10427 SW 23 ST MIAMI, FL 33165	<input checked="" 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	V HERNANDEZ, EDUARDO 8600 NW 64 STREET, UNIT 1 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, EDUARDO 7448 NW 8 ST MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, FRANK 7302 SW 113 CIRCLE PL MIAMI, FL 33173	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 			Date 04-12-06 Daytime Phone #		

50016058

