2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT # P02000058235 1. Entity Name ARCO TEMP A/C, INC.					05-07-2007	90064 005 ***150).00
Principal Place of Business 7448 NW 8 ST MIAMI, FL 33126		Mailing Address 7448 NW 8 ST UNIT 1 MIAMI, FL 33126) Agua	III Rania igen agni agni ag	ITTA BETESK BIJBI KRIVE HODDE FREDI E	M901 B (101
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numb 75-306		├	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent	Nome	7. Name an	d Address of New I	Registered Agent	
HERNANDEZ, EDUARDO 7448 NW 8 ST MIAMI, FL 33126			Street A	Street Address (P.O. Box Number is Not Acceptable)			
<u>,</u>			City			FL Zip Coo	le
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered aper			registered agent, or b	oth, in the State of F		, and accept
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Campa Trust Fund Con		\$5.00 May 8e Added to Fees	In accordance corporation did	with s. 607.193(2)(b), I not receive the prior	F.S., the notice.
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, EDUARDO 17448 NW 8 ST MIAMI, FL 33126	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, FRANK 7302 SW 113 CIRCLE PL MIAMI, FL 33173	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENRIQUE REGUIRO 1020 SW 137 PL MIAMI, FL. 33184-30	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby of indicated of the correlation changed	certify that the information supplied with on this report or supplemental report poration or the receiver or protection, or on an attachment with an address	th this filing does not qualify facture and accurate and that powered to execute this report, with all other like empowered.	or the exemptions or my signature shall h t as required by Cha t.		19, Florida Statutes. ect as if made under des; and that my nam	I further certify that the roath; that I am an office ne appears in Block 10 of	information or director or Block 11 if