2006 FOR PROFIT CORPORATION

Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT 04-28-2006 90177 014 ***150.00 **DOCUMENT # P02000070962** CHALEX COOL AIR OF MIAMI, CORP. 40063613 Principal Place of Business Mailing Address 1825 SW 87 CT 1825 SW 87 CT MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0692973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYES, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 1825 SW 87 CT MIAMI, FL 33165 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. Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE me Delete ☐ Addition NAME REYES, ALEXANDER NAME 1825 SW 87 CT STREET ADDRESS STREET ADDRESS MIAMI, ÉL 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 out; 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 a address, with fall other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

R DR DIRECTOR

FILED