

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90038 006 \*\*\*150.00

<b>DOCUMENT # P02000076692</b>					
<b>1. Entity Name</b> PINNACLE AIR CONDITIONING CORP.					
<b>Principal Place of Business</b> 260 NE 48 ST HOME MIAMI FL 33137			<b>Mailing Address</b> 260 NE 48 ST HOME MIAMI FL 33137		
<b>2. Principal Place of Business</b> 3313 NW 7 Ave Suite, Apt. #, etc. W/A City & State Miami, FL			<b>3. Mailing Address</b> 260 NE 48 St Suite, Apt. #, etc. HOME City & State Miami, FL		
<b>4. FEI Number</b> 13-4204528		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> GARCIA, VICTOR M JR. 260 NE 48 ST HOME MIAMI FL 33137		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <u>PRESIDENT (OWNER)</u> <input type="checkbox"/> Delete NAME <u>VICTOR M GARCIA ST.</u> STREET ADDRESS <u>260 NE 48 ST</u> CITY-ST-ZIP <u>MIAMI FL 33137</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>DATE:</b> 4/4/03 (305) 9154174					

CR2E034 (10/02)