2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) Mar 24, 2003 8:00 am Secretary of State P02000099303 **DOCUMENT #** 1. Entity Name 03-24-2003 90150 047 ***158.75 BARRIO AIR CONDITIONING, INC. Principal Place of Business Mailing Address 3161 S. OCEAN DRIVE #1104 3161 S. OCEAN DRIVE #1104 10031254 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business Ocean Drive ☐ CHECK HERE IF MAKING CHANGES 4. FELNumber Applied For Not Applicable Coun \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent BARRIO, ALFRED Street Address (P.O. Box Number is Not Acceptable) 3161 S. OCEAN DRIVE #1104 HALLANDALE FL 33009 City 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 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, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARRIO, ALFRED NAME STREET ADDRESS 3161 S. OCEAN DRIVE #1104 STREET ADDRESS CITY-ST-ZIP |HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BARRIO, ALFRED NAME STREET ADDRESS 5321 STEVEN ROAD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME BARRIO, IRIS NAME STREET ADDRESS 3161 S. OCEAN DRIVE #1104 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 rue 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 of 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

SIGNATURE: