2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# P02000101914

Entity Name: SERVICE A/C FLORIDA, INC.

Current Principal Place of Business:

11391 INTERCHANGE CIRCLE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

11391 INTERCHANGE CIRCLE
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 56-2294395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MALDONADO, JAIME
Address: 1937 N.W. 130TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete
Name: RAMIREZ, GILBERT
Address: 1937 N.W. 130TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete
Name: ZALDUONDO, CARLOS
Address: 1937 N.W. 130TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD (X) Delete
Name: RIESTRA, NIXA
Address: 1937 N.W. 130TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RAMIREZ, GILBERT
Address: 11391 INTERCHANGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SD (X) Change ( ) Addition
Name: RIESTRA, NIXA
Address: 11391 INTERCHANGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME MALDONAD PD 07/11/2005

Electronic Signature of Signing Officer or Director — Date