


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000109537**

1. Entity Name  
**JORGE VALIDO AIR CONDITIONING & REFRIGERATION, INC.**



Principal Place of Business      Mailing Address

**15300 SW 10TH ST  
 MIAMI, FL 33194**      **15300 SW 10TH ST  
 MIAMI, FL 33194**

**DO NOT WRITE IN THIS SPACE**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**30-0119505**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J  
 7951 S.W. 40TH STREET  
 SUITE 206  
 MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VALIDO, SANDRA 7951 SW 40TH ST #206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALIDO, SANDRA 7951 S.W. 40TH STREET, SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALIDO, JORGE 7951 S.W. 40TH STREET, SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000422799  
 02/17/06-80031-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

**SIGNATURE:** Jorge Valido  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06    (305) 225-2550  
Date      Daytime Phone #