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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66020199

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123759

1. Entity Name
AVENTURA AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
2131 NE 205TH ST NORTH MIAMI, FL 33179	2131 NE 205TH ST NORTH MIAMI, FL 33179

06082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2131 NE 205 st	2131 NE 205 st
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: North miami	City & State: North miami
Zip: FL. 33179 Country: US	Zip: 33179 Country: US

4. FEI Number: 27-0041186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EGHTESSADI, HEDAYAT
2131 NE 205 ST
NORTH MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name: Eghtessadi Hedayat
Street Address (P.O. Box Number is Not Acceptable): 2131 NE 205 st.
City: North Miami FL Zip Code: 33179

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: H. Eghtessad (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 6/21/07 DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGHTESSADI, HEDAYAT 2131 NE 205TH ST NORTH MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EGHTESSADI, HEDAYAT 2131 NE 205TH ST NORTH MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: H. Eghtessad (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 7/5/07 Date 305-936-1418 Daytime Phone #