2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2006 08:00 AM DOCUMENT # P02000127167 Secretary of State 1. Entity Name CLARK A/C SERVICES, INC. Principal Place of Business Mailing Address 120 SOUTHWEST 55TH AVENUE 120 SOUTHWEST 55TH AVENUE MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 51-0437121 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zip Cade 5. 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when remaining) DATE FILE NOW!!! FEE JS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete THEF ☐ Change Addition U00000445193 03/07/06-80030-025 150.00 NAME CLARK, ELADIO J NAME STREET ADDRESS 120 SOUTHWEST 55TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CLARK, ELADIO NAME STREET ADDRESS 120 SOUTHWEST 55TH AVENUE STREET ADDRESS CITY -ST-JP MIAMI FL 33134 CITY-ST-ZIP TATLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CiTY-Si-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-Si-Zip CITY-ST-ZIP MILE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP HILE Delete TITLE ☐ Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CDY-S7-719 CXTY-ST-ZYP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

2/20/06