

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001653

FILED
Mar 24, 2009
Secretary of State

Entity Name: CARSAN A/C AND REFRIGERATION, INC.

Current Principal Place of Business:

7925 SW 5TH STREET
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

4274 160TH STREET N
LOXAHATCHEE, FL 33470

Current Mailing Address:

7925 SW 5TH STREET
NORTH LAUDERDALE, FL 33068

New Mailing Address:

4274 160TH STREET N
LOXAHATCHEE, FL 33470

FEI Number: 75-3103083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARBIA, HECTOR X PRES.
7925 SW 5TH STREET
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

CARBIA, HECTOR X PRES.
4274 160TH STREET N
LOXAHATCHEE, FL 33470 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARBIA, HECTOR
Address: 7925 SW 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VD () Delete
Name: CARBIA, CONNIE
Address: 7925 SW 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARBIA, HECTOR
Address: 4274 160TH STREET N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD (X) Change () Addition
Name: CARBIA, CONNIE
Address: 4274 160TH STREET N
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CONNIE CARBIA

VD

03/24/2009

Electronic Signature of Signing Officer or Director

Date