



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90034 008 ***150.00

DOCUMENT # P03000021422					
1. Entity Name NEW TECH AIR CONDITIONING CORP.					
Principal Place of Business 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134		
2. Principal Place of Business 7441 NW 8th ST Suite, Apt. #, etc. SUITE F City & State Miami - FL Zip 33126 Country Dade		3. Mailing Address 7441 NW 8th ST Suite, Apt. #, etc. SUITE F City & State Miami - FL Zip 33126 Country Dade			
4. FEI Number 01-0783737				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Acosta Sofia Street Address (P.O. Box Number is Not Acceptable) 7441 NW 8th ST, SUITE F City Miami FL Zip Code 33126				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: ACOSTA SOFIA, PSTD - <i>[Signature]</i> 2-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ACOSTA, SOFIA 2121 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA SOFIA 7441 NW 8th ST. SUITE F MIAMI - FL - 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRERA RAMON MANUEL 7441 NW 8th ST. SUITE F MIAMI - FL - 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-18-04 305-262 5130 <small>Date Daytime Phone #</small>		