

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 019 ***150.00

DOCUMENT # P03000028978

1. Entity Name
ALL CITY MECHANICAL INC.



Principal Place of Business
**5392 NW 117TH AVENUE
CORAL SPRINGS, FL 33076**

Mailing Address
**5392 NW 117TH AVENUE
CORAL SPRINGS, FL 33076**

24084783



2. Principal Place of Business

2520 N. POWERLINE RD.

Suite, Apt. #, etc.

305

3. Mailing Address

2520 N. POWERLINE RD.

Suite, Apt. #, etc.

305

08302004

Chg-P

CR2E034 (10/03)

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

93-1332452

Applied For

Not Applicable

Zip

33069

Country

FLORIDA

Zip

33069

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRIMO, PETER
5392 NW 117TH AVENUE
CORAL SPRINGS, FL 33076**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

**PD
BRIMO, PETER
5392 NW 117TH AVENUE
CORAL SPRINGS, FL 33076**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER BRIMO

Date

Daytime Phone #

9-7-04 954917 5171

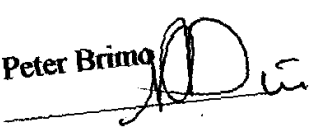
Attachment 24684783
P03000028978

All City Mechanical Inc.
2520 N. Powerline Rd. #305
Pompano Beach, FL 33069

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This is to notify that we did not receive notice of annual report before
May 1st 2004.

President, Peter Brimo


ALL CITY MECHANICAL, INC.
AIR CONDITIONING & REFRIGERATION
2520 N. POWERLINE RD. SUITE 305
POMPANO BEACH, FL 33069
954-917-5171 fax 954-917-5172