

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 022 ***150.00

DOCUMENT # P03000051812
 1. Entity Name
 FLORIDIAN AIR & HEAT INC.



Principal Place of Business: 2200 FORSYTH RD #A-20 ORLANDO, FL 32807
 Mailing Address: 2102 CARRINGTON DR. ORLANDO, FL 32807

2. Principal Place of Business: 2102 Carrington Dr
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Orlando FL
 City & State: Orlando FL

Zip: 32807 Country: Orange
 Zip: Country



02142006 Chg-P CR2E034 (11/05)

4. FEI Number: 13-4251303
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOPEZ, CHARLENE
 2102 CARRINGTON DR.
 ORLANDO, FL 32807

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, MICHAEL	
STREET ADDRESS	2102 CARRINGTON DR.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, CHARLENE	
STREET ADDRESS	2102 CARRINGTON DR.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGAN, GEORGE	
STREET ADDRESS	1223 BUIST ST.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 687, 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: *Charlene Lopez* 2-18-06 Vice President