


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

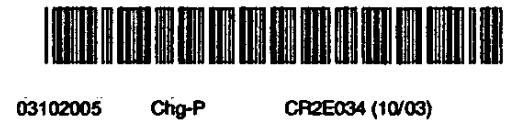
03-18-2005 90054 010 \*\*\*150.00

<b>DOCUMENT # P03000071756</b>	
1. Entity Name <b>OZONE ONE REFRIGERATION AND AIR CONDITIONING, INC.</b>	

Principal Place of Business <b>650 NW 123 STREET MIAMI, FL 33168</b>	Mailing Address <b>650 NW 123 STREET MIAMI, FL 33168</b>
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2. Principal Place of Business <b>PO BOX 680636</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 680636</b> Suite, Apt. #, etc.
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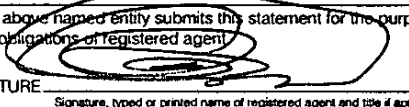
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33168</b>	Country <b>MIAMI-DADE</b>



03102005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>41-2101922</b>	Applied For <input type="checkbox"/> Not Applicable	
Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CAPDEVILA, OSVALDO 650 NW 123 STREET MIAMI, FL 33168</b>	7. Name and Address of New Registered Agent Name <b>CAPDEVILA, OSVALDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3514 W 76TH STREET, UNIT 103</b> City <b>HIALEAH</b> FL Zip Code <b>33018</b>
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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.

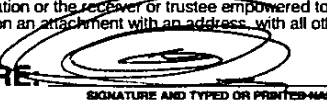
SIGNATURE  DATE **03/15/2005**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CAPDEVILA, OSVALDO JR.</b>		NAME	
STREET ADDRESS <b>3514 W. 76TH ST., UNIT 103</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH, FL 33018</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  DATE **03/15/2005** DAYTIME PHONE # **786 2992804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR