2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006
Secretary of State

DOCUMENT# P03000072291

Entity Name: AMTEC AIR-CONDITIONING & REFRIGERATION, INC.

Current Principal Place of Business:

2131 NW 139TH ST.
BAY 14
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2131 NW 139TH ST.
BAY 14
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-0063930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOWON, TAU
517 SW 10 ST #2
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VT ( ) Delete
Name: GOWON, TAU
Address: 517 SW 10 ST #2
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete
Name: KUTTY, MATHEW
Address: 517 SW 10 ST #2
City-St-Zip: HALLANDALE, FL 33009

Title: V ( ) Delete
Name: JOHNSON, ALPHONSO
Address: 517 SW 10 ST #2
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete
Name: GOWON, TAU
Address: 517 SW 10 ST #2
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: KUTTY, MATHEW
Address: 517 SW 10 ST #2
City-St-Zip: HALLANDALE, FL 33009

Title: VT ( ) Delete
Name: JOHNSON, ALPHONSO
Address: 517 SW 10TH STREET, #2
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALPHONSO JOHNSON VT 08/03/2006
Electronic Signature of Signing Officer or Director Date