

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90136 001 \*\*\*150.00  
07-11-2005 90136 002 \*\*\*\*\*8.75

**DOCUMENT # P03000077522**

1. Entity Name  
**AA AMERICAN AIR CONDITIONING & REFRIGERATION INC.**



Principal Place of Business Mailing Address  
**3991 NW 4TH AVE 1045 NW 18th AV 3991 NW 4TH AVE 1045 NW 18th AV.**  
**BOCA RATON, FL 33431 DELRAY BEACH BOCA RATON, FL 33431**  
**FL 33445 DELRAY BEACH**

2. Principal Place of Business 3. Mailing Address  
**1045 NW 18th AV 1045 NW 18th AV.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**DELRAY BEACH, FL DELRAY BEACH, FL**  
Zip Country Zip Country  
**33445 USA 33445 USA**



07072005 Chg-P CR2E034 (10/03)

4. FEI Number 77-0604692 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**STANGONI, MARCO**  
**3991 NW 4TH AVE**  
**BOCA RATON, FL 33431**  
**1045 NW 18th AV**  
**DELRAY BEACH, FL**  
**33445**

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 Due by September 7, 2005**  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANGON, MARCO 1045 NW 18th Ave Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANGON, DAVID 1045 NW 18th Ave Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:** David Stangoni 7/9/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(56) 350-1242

# ATTACHMENT

66624434  
# P03000077522

~~#1 Prescribed~~  
~~TZD Therapy\*~~

(561) 243-2083

I never got any  
notice. It must  
have gone to old  
address. Please  
let me know if May  
is due date, or as it  
says - due September



**Avandia**  
rosiglitazone maleate

**Avandamet**  
rosiglitazone maleate/metformin HCl

Please see accompanying complete prescribing information for **Avandamet**, including boxed WARNING for lactic acidosis and contraindications for patients with renal disease or congestive heart failure.



GlaxoSmithKline

\*Avandia and Avandamet combined NRXs. Varipran, SPA. Quarter ending November 2003.

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