

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078333

FILED  
May 03, 2008  
Secretary of State

**Entity Name:** ARCTIC AIR AIR-CONDITIONING & REFRIGERATION REPAIR SERVICE, INC.

**Current Principal Place of Business:**

206 SHADROE COVE CIRCLE  
UNIT 302  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

4692 PINE ISLAND RD  
MATLACHA, FL 33993

**Current Mailing Address:**

206 SHADROE COVE CIRCLE  
UNIT 302  
CAPE CORAL, FL 33991

**New Mailing Address:**

4692 PINE ISLAND RD  
MATLACHA, FL 33993

**FEI Number:** 41-2273454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEREDIA, BARBARA A  
206 SHADROE COVE CIRCLE  
UNIT 302  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

HEREDIA, BARBARA A  
4692 PINE ISLAND RD  
MATLACHA, FL 33993 US

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:

05/03/2008

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: P ( ) Delete  
Name: HEREDIA, BARBARA A  
Address: 206 SHADROE COVE CIRCLE / UNIT 302  
City-St-Zip: CAPE CORAL, FL 33991

Title: ST ( ) Delete  
Name: HEREDIA, OSVALDO E  
Address: 206 SHADROE COVE CIRCLE / UNIT 302  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HEREDIA, BARBARA A  
Address: 4692 PINE ISLAND RD  
City-St-Zip: MATLACHA, FL 33993

Title: VP (X) Change ( ) Addition  
Name: HEREDIA, CHRISTOPHER  
Address: 4692 PINE ISLAND RD  
City-St-Zip: MATLACHA, FL 33993

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA HEREDIA

P

05/03/2008

Electronic Signature of Signing Officer or Director

Date