

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90451 001 ***150.00
04-30-2004 90451 002 *****8.75

DOCUMENT # P03000106372 1. Entity Name BONILLA AIR CONDITIONING SERVICES CORPORATION	
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Principal Place of Business 1105 NW 80 TER STE. I MARGATE, FL 33063	Mailing Address 1105 NW 80 TER STE. I MARGATE, FL 33063
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66417329



2. Principal Place of Business 3420 NE 11th AVE	3. Mailing Address 3420 NE 11th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State Pompano beach FL	City & State Pompano beach
Zip 33064	Country FL
Zip 33064	Country FL

4. FEI Number 20-0256060	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BONILLA, HAROLD A 1105 NW 80 TER STE. I MARGATE, FL 33063

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3420 NE 11th AVE
City Pompano FL Zip Code 33064

*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.

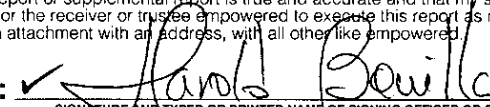
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONILLA, HAROLD A 1105 NW 80 TER #1 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, MONICA 1105 NW 80 TER #1 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date **3-23-04** Daytime Phone # **954-9433362**