


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90009 008 ***150.00

DOCUMENT # P03000112342	
1. Entity Name OSCAR S SERVICES & AIR CONDITION, INC.	

Principal Place of Business 5424 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309	Mailing Address 5424 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2401003



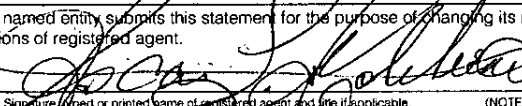
07062004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0315342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MOLITERNO, OSCAR 5424 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

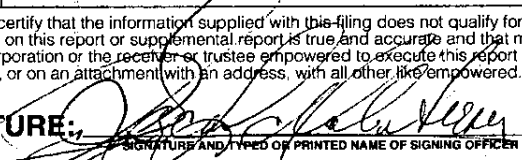
SIGNATURE  DATE **7/13/04**

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

FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLITERNO, OSCAR 5424 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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:  DATE **7/13/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 29, 2004

Attachment
2410780012
#RQ3000112312

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref:
Oscar Moliterno
5424 N Andrews Ave.
Ft. Lauderdale, FL 33309
FEI #: 20-0315342

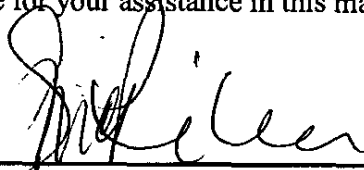
Dear Sir or Madam;

I am writing to inform your office that my annual report and fee was mailed to you in a timely manner. I am unaware as to the reason why it was not received by your office and I am resubmitting it along with a new check for \$150.00.

Please make the appropriate adjustments to my account.

Thank you in advance for your assistance in this matter.

Sincerely,



Davie Accounting, for Oscar Moliterno