


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000121550
 1. Entity Name
MARK ALFANO AIR CONDITIONING, INC.



Principal Place of Business 1147 SOUTHEAST LAIKA LANE PORT ST. LUCIE, FL 34983	Mailing Address 1147 SOUTHEAST LAIKA LANE PORT ST. LUCIE, FL 34983
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0408090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET, 4TH FLOOR
 MIAMI, FL 33145**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000606331
 01/30/07-80074-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALFANO, MARK J 1147 SOUTHEAST LAIKA LANE PORT ST. LUCIE, FL 34983
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mark J. Alfano* **MARK J. ALFANO** 1-24-07 (772) 359-0326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #