
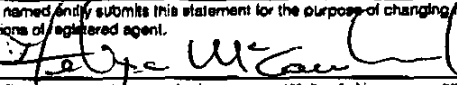
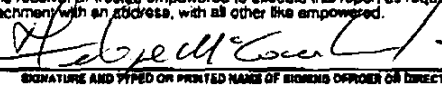


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90054 008 \*\*\*150.00

<b>DOCUMENT # P03000134920</b>			
1. Entity Name <b>A/C DUCT &amp; INSULATION, INC.</b>			
Principal Place of Business <b>12173 NW 99TH AVE BAY #3 HIALEAH GARDENS, FL 33018</b>		Mailing Address <b>12173 NW 99TH AVE BAY #3 HIALEAH GARDENS, FL 33018</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-0405068</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.76</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PAZ, JORGE 12173 NW 99TH AVE BAY #3 HIALEAH GARDENS, FL 33018</b>		7. Name and Address of New Registered Agent Name <b>FELIPE MCCAUSLAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>12173 NW 99 AVE #3</b> <b>HIALEAH GARDENS.</b> City <b>FL</b> Zip Code <b>33018</b>	
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: _____ <small>Signature, typed or printed name of registered agent and fee is applicable. NOTE: Registered Agent signature required when re-appointing.</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$650.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUSLAND, FELIPE	NAME	
STREET ADDRESS	12173 NW 99 AVE., BAY 3	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, MIGUEL	NAME	
STREET ADDRESS	12173 NW 99 AVE., BAY 3	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALELA, PABLO	NAME	
STREET ADDRESS	12173 NW 99 AVE., BAY 3	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <b>1/24/05</b> <b>(205) 577 6063</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR</small>		<small>Date</small>	