2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 046 ***150.00

DOCUMENT # P03000143849

1. Entity Name
ARROW A/C & REFRIGERATION, INC.

40002655

Principal Place of Business	Mailing Address
7905 OVERBROOK DRIVE TAMPA, FL 33634 US	7905 OVERBROOK DRIVE TAMPA, FL 33634 US

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5640 TUGHILL DR	5640 TUGHILL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33624 Country:	Zip: 33624 Country:

4. FEI Number 20-0453702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JOSE M 7905 OVERBROOK DRIVE TAMPA, FL 33634	Name: Street Address (P.O. Box Number is Not Acceptable): 5640 TUGHILL DR. City: TAMPA FL Zip Code: 33624

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 X [signature] X 1-14-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, JOSE M 7905 OVERBROOK DRIVE TAMPA, FL 33634 ☐ Delete	☑ Change ☐ Addition 5640 TUGHILL DR TAMPA FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RODRIGUEZ, LUTGARDA 7905 OVERBROOK DRIVE TAMPA, FL 33634 ☐ Delete	☑ Change ☐ Addition 5640 TUGHILL DR TAMPA FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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: X [signature] JOSE M. RODRIGUEZ X 1-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #