## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400061241  1. Entity Name ALL PRO AIR CONDITIONING & REFRIGERATION, INC.						05-02-2005 9	00556 01	6 ***15	0.00
Principal Place of Business 3544 NW 10TH AVENUE FT LAUDERDALE, FL 33309		Mailing Address 3544 NW 10TH AVENUE FT LAUDERDALE, FL 33309				,	<b>1</b>		li <b>je s</b> i et (mw)
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		•	4. FEI Numbe	540760	)		plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TURNER, OTHEL				Name					
5787 W SU	JNRISE BLVD			Street Address	(P.O. Box Numb	er is Not Acceptable)			
PLANTATION, PL 33313				City				· Zip Code	
The above named entity submits this statement for the purpose of changing its registered or					red agent, or bo	th, in the State of Flori	FL da. I am fa	L	
the obligations of registered agent.									
SIGNATURE Signature, lyped 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 \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFIC	ERS AND I	DIRECTORS	3 IN 11
TITLE	PVP Delete		TITLE	:				☐ Change	Addition
NAME SCOTT, ROOSEVELT		NAME							
STREET ADDRESS CITY-ST-ZIP	341 SW 66TH TERRACE MARGATE, FL 33068			ET ADDRESS -ST-ZIP					
TITLE	ST Delete TIFL		· . — — ·				☐ Change	☐ Addition	
NAME			NAM					Orlange	L. Addition
STREET ADDRESS	341 SW 66TH TERRACE		STRE	ET ADDRESS					
CITY-ST-ZIP	MARGATE, FL 33068		CITY	-ST-ZIP					
IIILE		☐ Delete	TITLE					☐ Change	■ Addition
NAME STREET ADDRESS			NAM Stre	E Et address					
CLTY-ST-ZIP			1	-ST-ZIP					
TITLE		☐ Delete	TITU	:				☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS CITY-S1-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITU	<u> </u>				☐ Change	☐ Addition
NAME			NAM	E				_ ,	<del></del>
STREET ADDRESS				ET ADDRESS	•				
CITY-ST-ZIP		☐ Delete	TITLE	-ST-ZIP				Change	Addition
NAME		Li Delete	NAM					- Vitaliye	Addition
STREET ADDRESS		-		ET ADDRESS				. •	•
CITY-ST-ZIP			1_	-ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied will on this report or supplied or large or in poration or the receiver or in lates entitle	this filing does not qualify to strue and accurate and that of the accurate this report	r the exe <del>ny signa</del> as requi	mption stated in Se t <del>ure sh</del> all have the red by Chapter 60	ection 119.07(3) same legal effec 7, Florida Statute	<ul><li>(i), Florida Statutes. I fet as if made under oas; and that my name</li></ul>	urther certif th; that I an appears in	y that the in an officer Block 10 or	iformation or director Block 11 if
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 of supplied that report is true and section and that my eignature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the section or header made of the security of the corporation or the section of the corporation or the section or header made of the security of the corporation or the section of									