

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90037 003 ***150.00

DOCUMENT # P04000066774

1. Entity Name

TECH AIR OF SOUTH FLORIDA INC.



Principal Place of Business

4506 SW 74TH AVE
MIAMI FL 33155

Mailing Address

4506 SW 74TH AVE
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

Zip

Country

4. FEI Number

20-1038744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABREU, ALICIA
14203 SW 117 ST
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name Alicia Abreu
Street Address (P.O. Box Number is Not Acceptable)

9301 SW 92nd Ave Apt A317
MIAMI FL 33176

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

Alicia Abreu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS ABREU, JOSE
CITY-ST-ZIP 14204 SW 117 ST
MIAMI FL 33186

TITLE ☐ Delete
NAME DS
STREET ADDRESS ABREU, ALICIA
CITY-ST-ZIP 14203 SW 117 ST
MIAMI FL 33186

TITLE ☐ Delete
NAME DV
STREET ADDRESS ABREU, JOHN
CITY-ST-ZIP 7010 SW 164TH CT
MIAMI FL 33193

TITLE ☐ Delete
NAME DT
STREET ADDRESS ABREU, CARLOS
CITY-ST-ZIP 14203 SW 117 ST
MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alicia Abreu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 (305) 262-6091

Date

Daytime Phone #