## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000071044

1. Entity Name
GANDY AIR CONDITIONING, INC



FILED Jan 31, 2008 08:00 Al Secretary of State

Principal Place of Business

8121 SW 203 STREET MIAMI, FL 33189 US Mailing Address

8121 SW 203 STREET MIAMI, FL 33189 US



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2233119 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

GANDY, JAMES 8121 SW 203 STREET MIAMI, FL 33189

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Florida. I	am lamiliar with, and accept
SIGNATURE.	Signature, typed or profiled name of registered agent and title in	DOTE O				
	ogrados, typast or privade trans di registered agent and due i	аррисари (МОТ); недицин	a Agent signature	required when reinstating)	DA	) E
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	100	aranga sak		encesión das significación.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANDY, JAMES 8121 SW 203 STREET MIAMI, FL 33189					
TITLE NAME STREET ADDRESS CHY-SI-ZIP	S JOHN, KING 8121 SW 203 STREET MIAMI, FL 33189				00000000055 02206708-8002	Parket Control Control
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- DO	NOT WRI	(E)
NAME STREET ADDRESS CITY-ST-ZIP		·		IN	THIS SPAC	Έ.
TITLE MAME STREET AUDRESS CITY-ST-ZIP						
TITLE						

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:

STREET AUDRESS CITY-ST-ZIP

AGRATURE AND THE DESCRIPTION NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 (305)281-477