

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90387 048 \*\*\*150.00

**DOCUMENT # P04000077315**

1. Entity Name  
F & F A/C DUCT WORK, CORP.



Principal Place of Business

3740 NW 12 TERRACE  
MIAMI, FL 33126

Mailing Address

3740 NW 12 TERRACE  
MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1192045

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LAZARA Y.  
3740 NW 12 TERRACE  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FAJARDO, JORGE F  
STREET ADDRESS 3740 NW 12 TERRACE  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP  
NAME PEREZ, LAZARA  
STREET ADDRESS 3740 N.W. 12 TER.  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Date

Daytime Phone #

4/28/06