

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083504

FILED  
Feb 26, 2005  
Secretary of State

Entity Name: AIR/C APPLIANCES REPAIR CORP

**Current Principal Place of Business:**

PO BOX 23452  
OKLAND PARK, FL 333074

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 23452  
OKLAND PARK, FL 333074

**New Mailing Address:**

FEI Number: 20-1154919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MENDES, JULIO  
497 NW 48 STREET  
FT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENDEZ, JULIO  
Address: 497 NW 48 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP,T ( ) Delete  
Name: LUZON, ARTENIO  
Address: 2518 ARTHUR ST  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO MENDEZ

P

02/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date