


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90067 049 \*\*\*150.00

<b>DOCUMENT # P04000100500</b>	
1. Entity Name ANTIGUA A/C INSTALLATION, INC.	

Principal Place of Business 2139 SW 59TH AVENUE MIAMI, FL 33155	Mailing Address 2139 SW 59TH AVENUE MIAMI, FL 33155
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**50065502**



2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06112005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country
Zip	Country

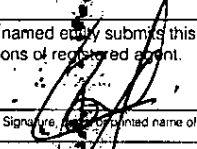
4. FEI Number <b>20-1324038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
TAX DEFENSE CENTER, INC. 2350 W 84TH STREET 18 HIALEAH, FL 33009	

7. Name and Address of New Registered Agent	
Name <b>RIGOBERTO CARDENAS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2139 S.W. 59 AVE.</b>	
City <b>MIAMI</b>	FL Zip Code <b>33155</b>

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 	DATE <b>09-01-05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CARDENAS, RIGOBERTO 2139 SW 59TH AVENUE MIAMI, FL 33155			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	DATE <b>09-01-05</b>	DAYTIME PHONE # <b>305-796-8493</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		