06/14/2005 11:51 850-245-6015 DOS/SUPPORT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2005 8:00 am
Secretary of State
06-20-2005 90120 001 ***150.00
06-20-2005 90120 002 *****8.75

DOCUMENT # P04000135903

1. Entity Name
INTERNATIONAL AIR/COND/HEATING

DO NOT WRITE IN THIS SPACE

66023467

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 8403 QUISQUALIS DR.	Suite, Apt. #, etc. SAME
City & State ORLANDO, FLORIDA	City & State
Zip 32822 Country U.S.A	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1679094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUIS BRENES

Street Address (P.O. Box Number Is Not Acceptable):
8403 QUISQUALIS DR

City: ORLANDO FL Zip Code: 32822

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 _____ (NOTE: Registered Agent Signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P= NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT- LUIS BRENES 8403 QUISQUALIS DR ORLANDO, FL. 32822
TITLE V= NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT- LUIS EDGARDO BRENES 8403 QUISQUALIS DR. ORLANDO, FLORIDA 32822
TITLE V= NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT- MARLENE BRENES 8403 QUISQUALIS DR. ORLANDO, FLORIDA - 32822
TITLE ST= NAME STREET ADDRESS CITY-ST-ZIP	ESCARLETH BRENES (TRESURER) 8403 QUISQUALIS DR. ORLANDO, FLORIDA 32822
TITLE MD= NAME STREET ADDRESS CITY-ST-ZIP	MANAGER-DIRECTOR JUAN MOLINA 1928 LARKWOOD DR APOPKA, FLORIDA. 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Luis Brenes 06/14/05 407-810-5084
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66023467

* From: International AIR/Cond.
8403 Quisquali's DR.
ORL. FL. 32822
* Document # P04000135903
DATE - 06/16/05

* To: Division of Corporations
P.O. BOX - ~~6198~~ -6327
TALLAHASSEE, FL. 32314-6198

* Attention Reinstatement Department.

* We will like to let you know. We didnot received by mail any Paper Work for the 2005- ANNUAL Report.
* We want to APOLOGIZE If we are not ontime, Due to lack of Information.
* We are sending our payment for 2005 Annual Report $ 150.00. (one hundred fifty)
Thankyou for your Understanding.

International Air.
President Luis Brenes.