

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-23-2005 90003 045 ***150.00

DOCUMENT # P04000142972 1. Entity Name AIR CONDITIONER DEPOT, INC.			
Principal Place of Business 337 LAYNE BLVD. HALLANDALE, FL 33009 US		Mailing Address 337 LAYNE BLVD. HALLANDALE, FL 33009 US	
2. Principal Place of Business 5957 S.W. 21 ST Suite, Apt. #, etc.		3. Mailing Address 5957 S.W. 21 ST Suite, Apt. #, etc.	
City & State West Hollywood, FLA Zip 33023 Country		City & State West Hollywood, FLA Zip 33023 Country	
4. FEI Number 20-1759077		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMADOR, DIEGO 337 LAYNE BLVD. HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMADOR, DIEGO 337 LAYNE BLVD. HALLANDALE, FL 33009	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. AMADOR, DIEGO 5957 S.W. 21 ST WEST HOLLYWOOD, FL 33023	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/12/05 Daytime Phone 954-816-4800	

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