

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P04000152871
 1. Entity Name
FOOP service
 APEX-TECH AIR CONDITIONING INC.

FILED

09 JUL -7 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000155100190
05/01/09--01044--008 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3411 S.W. 36TH STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PARK, FL

City & State

Zip
33023-6336

Country

4. FEI Number
54-2138356

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
BARBARA FOST

Street Address (P.O. Box Number is Not Acceptable)
3401 N.W. 202ND STREET

City
MIAMI GARDENS

FL

Zip Code
33056

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]* DATE 4/19/2009

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHANE W. LHERISSON 3411 S.W. 36TH STREET WEST PARK, FLORIDA 33023-6336
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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: *[Signature]* STEPHANE W. LHERISSON- PRESIDE 4/19/2009 954-274-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #