

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90096 033 ***150.00

DOCUMENT # P04000155788

1. Entity Name
ALTERNATIVE AIR CONDITIONING, INC.



Principal Place of Business
16112 E WITTSIRE DR
#105
LOXAHATCHEE, FL 33470 US

Mailing Address
P.O. BOX 221071
WEST PALM BEACH, FL 33422 US

2. Principal Place of Business
2100 Greenview Shores

Suite, Apt. #, etc.
Suite 518

City & State
Wellington, FL

Zip
33414

Country
US

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

City & State

Zip Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1882736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAYA, JAIME
16112 E WITTSIRE DR
#105
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
New Address Only
2100 Greenview Shores #518
City *Wellington* FL Zip Code *33414*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

PST
MAYA, JAIME
16112 E WITTSIRE DR
LOXAHATCHEE, FL 33470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Lee, Rafael

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
President 4-13-06 379-9348
Date Daytime Phone #