


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 008 ***150.00


DOCUMENT # P05000106964
 1. Entity Name
 KELVIN AIR CONDITIONING & REFRIGERATION CORP



Principal Place of Business Mailing Address
 180 SW 9 ST 180 SW 9 ST
 APT 14 APT 14
 MIAMI, FL 33130 MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 27461 SW 139 Place 27461 SW 139 Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

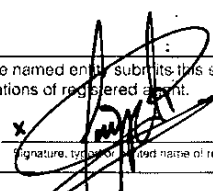
City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33032 USA 33032 USA

4000100

 04142007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 20-3242081 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOMEZ CHICANA, LENIN
 180 SW 9 ST
 APT 14
 MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name: Gomez Chicana, Lenin
 Street Address (P.O. Box Number is Not Acceptable): 27461 SW 139 Place
 City: Miami FL Zip Code: 33032

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:  Registered Agent 4/14/2007
(NOTE: Registered Agent Signature required when re-appointing) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

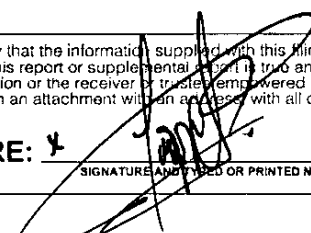
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	GOMEZ CHICANA, LENIN	
STREET ADDRESS	180 SW 9 ST APT 14	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	MENDOZA, AIDA E	
STREET ADDRESS	180 SW 9 ST APT 14	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27461 SW 139 Place	
STREET ADDRESS	Miami, FL 33032	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dimurro, Carmen	
STREET ADDRESS	27461 SW 139 Place	
CITY-ST-ZIP	Miami, FL 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  President 4/14/2007
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #