2006 FOR PROFIT CORPORATION

Apr 26, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P05000135384 04-26-2006 90174 011 ***150.00 ACO AIR CONDITIONING CORPORATION Principal Place of Business Mailing Address 12534 SW 27 STREET 12534 SW 27 STREET MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number 3 18 2865 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ALEJANDRO A 12534 SW 27 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PRES ☐ Delete TITLE Change ☐ Addition NAME HERNANDEZ, ALEJANDRO A NAME STREET ADDRESS 12534 SW 27 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME SERRANO, OSVANI NAME STREET ADDRESS 298 EAST 3 STREET APT 102 STREET ADDRESS CITY-ST-7IP HIALEAH FL 33010 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther 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 ay address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

LETANDEN A. HERNIKUDEZ 4-17-06
LEF SIGNING OFFICER OR DIRECTOR

FILED