2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

ANNUAL KEPUKI								Secretary of State				
DOCUMENT # P06000059110								02-04-2008 90060 003 ***150.00				
Entity Name												
AIR-TECH HVAC CORP												
							33/					
Principal Place of Business Mailing Address						·						
				6962 NW 19TH ST								
MARGATE, FL 33063 MARGATE, FL 33063												
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01292008	Chg-P	· CR2I	E034 (12/06)		
City & State			City & State				4	4. FEI Number Applied For 20-4770945 Not Applied			oplied For ot Applicable	
Zip	Country		Zio Co		Çaur	ountry		5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent							7	7. Name and	Address of Nev	Registere	d Agent	
DODDIOUEZ AL DEDTO						Name						
RODRIGUEZ, ALBERTO 6962 NW 19TH ST						Street Address (P.O. Box Number is Not Acceptable)						
MARGATE, FL 33063												
						City	FL Zip Code					
		submits this statement f	or the pi	urpose of changing its	register	ed office or re	gistered	agent, or bo	th, in the State of	Florida. La	n familiar with,	and accept
the obligat	tions of registe	ered agent.										
SIGNATURE.	Committee Level	or printed name of registered agen	a materia d	muka wata wa (10) I	· Daniel us	ed Agent signature r	arios auriori rado			DATE		
<u> </u>	Signature, typisco	or ancied trans- or registated agen	23 10 100 11	approxime (NO)	_ negrateri	ed Agent Signature i	10Q med wi	en Hallstolling)	····-			
FIL	E NOW!!!	FEE IS \$150.00		9. Election Campai Trust Fund Cont	-	~		May Be to Fees				
After M	ay 1, 2008	Fee will be \$550	.00	Trust Fund Cont	noution.	. ⊔	Added	to Fees				
			D DIRECTORS 11					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TULE	PODBICI	IEZ ALBERTO		Delete	THI	1					Change	Addition
MAME STREET ADDRESS	6962 NW	JEZ, ALBERTO 19TH ST			NAN STRI	ME HEET ADDRESS						
CITY-ST-ZIP	1	E, FL 33063				Y-SI-ZIP						
TITLE				☐ Delete	TITL	.E					Change	Addition
NAME					NAN							
STREET ADDRESS CITY-ST-ZIP						EELI ADDRESS Y-ST-ZIP						
	 			☐ Delete							☐ Change	Addition
TITLE				L_1 Detele	NAN					***	Change	☐ Addinon
STREET ADDRESS	}				STR	EET ADDRESS						
CITY-ST-ZIP					CITY	Y-SI-ZIP						
TITLE				☐ Delete	TITL	I .					Change	☐ Addition
STREET ADDRESS					MAN ata	ME RELL ADDRESS						
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NAME					NAN							
STREET ADDRESS						REFT ADDRESS						
CITY-ST-ZIP	 					Y-S1-7IP						
TITLE				Defere	nn. Nak						☐ Change	Addition
NAME CIRCLE ADDRESS						NET I VE UDECC						

12. Thereby 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 eath; 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 the 1d ress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Daytime Phone