

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155938

Entity Name: AIRMEX MECHANICAL, INC.

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

1845 HIGHLANDS OAKS BLVD.  
LUTZ, FL 33559

## New Principal Place of Business:

1845 HIGHLAND OAKS BLVD.  
LUTZ, FL 33559

## Current Mailing Address:

1845 HIGHLANDS OAKS BLVD.  
LUTZ, FL 33559

## New Mailing Address:

1845 HIGHLAND OAKS BLVD.  
LUTZ, FL 33559

FEI Number: 20-8143162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JEFFREY A. DOWD, P.A.  
609 W. LUMSDEN  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

JAIME ARTEAGA  
1845 HIGHLAND OAKS BLVD.  
LUTZ, FL 33559 US

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.

SIGNATURE: JAIME ARTEAGA

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ARTEAGA, VERONICA  
Address: 1845 HIGHLANDS OAKS BLVD.  
City-St-Zip: LUTZ, FL 33559

Title: VD ( ) Delete  
Name: ARTEAGA, JAIME  
Address: 1845 HIGHLANDS OAKS BLVD.  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ARTEAGA, JAIME  
Address: 1845 HIGHLAND OAKS BLVD.  
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change ( ) Addition  
Name: ARTEAGA, VERONICA  
Address: 1845 HIGHLAND OAKS BLVD.  
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME ARTEAGA

PSTD

01/22/2007

Electronic Signature of Signing Officer or Director

Date