## 2008 FOR PROFIT CORPORATION

## Apr 09, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000062239** 04-09-2008 90032 022 \*\*\*150.00 Entity Name ALL-WAYS COOL AIR CORP. 400000 Principal Place of Business Mailing Address 1049 S. W. JACQUELINE AVE. 1049 S. W. JACQUELINE AVE. PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0248917 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSA, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1049 S. W. JACQUELINE AVE. PORT ST. LUCIE, FL 34953 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 Fiorida. 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 algosture required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D ☐ Change ☐ Addition ΤIΤLE Defete TITLE CUSA, MICHAEL J NAME NAME STREET ADDRESS 1049 S.W. JACQUELINE AVE. STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34953 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NATALE, TROY NAME STREET ADDRESS 724 SHADY GROVE LANE STREET ADDRESS CITY-ST-71P BOYNTON BEACH, FL 33436 CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. In 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.

ED OR PRINTED NAME OF SIG

**FILED**