2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049554

DOLIDOLIA LIVA O INIO

City-St-Zip:

AVENTURE, 33 180

FILED Jan 19, 2009 Secretary of State

Entity Nan	ne: BOURQU	1 HVAC INC			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
APT #2301	88TH STREET A, FL 33180	FL			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
APT #2301	38TH STREET A, FL 33180	US			
FEI Number:	77-0721070	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JADE ASSOCIATES MIAMI, INC. 100 N BISCAYNE BLVD SUITE 500 MIAMI, FL 33132 US			20900 NE 30 TH AVEN SUITE 311	ESJ ASSET MANAGEMENT LLC 20900 NE 30 TH AVENUE SUITE 311 AVENTURA, FL 33180 US	
The above in the State	named entity s of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ARNAUD SITBON				01/19/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BOURQUIN, GIL 169 AVENUE VI PARIS, FR 750	CTOR HUGO	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () HERZSTEIN, FA 313 NE 188TH S AVENTURA, FL	ST. APT 2301	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	ST () SITBON, ARNAL 20900 NE 30TH		Title: (Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SITBON ARNAUD ST 01/19/2009