

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 020 ***150.00

DOCUMENT # P93000002716	
1. Entity Name	
HAV AIR CONDITIONING INC	

DO NOT WRITE IN THIS SPACE

24085899

2. Principal Place of Business 887 W 34 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012	Country	Zip	Country

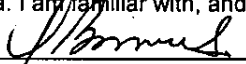
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4. FEI Number 65-0381550		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BORRELL, OSVALDO	
Street Address (P.O. Box Number is Not Acceptable) 887 WEST 34 ST	
City HIALEAH	Zip Code 33012

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 the obligations of registered agent.

SIGNATURE  **9/13/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

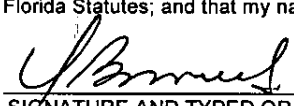
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRELL, OSVALDO 887 W 34 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORRELL, LISBET 887 W 34 ST HIALEAH, FL 33012
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **OSVALDO BORRELL, PRESIDENT** **9/13/2004** **(305) 558-9136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24085899

September 13, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: HAV AIR CONDITIONING INC

Ref: P93000002716

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,


Osvaldo Borrell
President