FOR PROFIT CORPORATION

SIGNATURE: 4/2

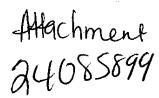
FILED Sep 21, 2004 8:00 am Secretary of State

DOCUMENT # P93000002716 1. Entity Name				09-21-2004 90001 020 ***150.00	
	OT WRIT	E IN THIS S	SPACE	2408589 9	
2. Principal Place of Business 387 W 34 ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State HALEAH, FL		City & State		4. FEI Number 65-0381550	Applied For Not Applicable
Zip 33012 •	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				ne and Address of Current Regist	
DO NOT WRITE			Name BORRELL, OSVALDO		
			Street Address (P.O. Box Number is Not Acceptable) 887 WEST 34:ST		
•	n this si	PACE	007 WEST 34	.31	
			City	PI	Zip Code
0 -			HIALEAH	FL stered office or registered agent, or	33012
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	9/13/2004 3) DATE \$5.00 May Be Added to Fees
10. TITLE	OFFICERS /	AND DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	BORRELL, OSVAL 887 W 34 ST HIALEAH, FL	DO	NAME STREET ADDRES CITY-ST-ZIP	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BORRELL, LISBET 887 W 34 ST HIALEAH, FL 33012		TITLE NAME STREET ADDRES CITY-ST-ZIP	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES CITY-ST-ZIP	s DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		TITLE NAME STREET ADDRES CITY-ST-ZIP	IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES CITY-ST-ZIP	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1 5 6		TITLE NAME STREET ADDRES CITY-ST-ZIP		
certify that the inform	nation indicated on this	report or supplemental r	qualify for the exemption eport is true and accurate	stated in Section 119.07(3)(i), Florida Sta and that my signature shall have the sar tee empowered to execute this report as	ne legal effect
Chapter 607, Florida	Statutes; and that my	name appears in Block 1	ion or the receiver or trust IO or on an attachment wit	tee empowered to execute this report as th an address, with all other like empower	required by red.

OSVALDO BORRELL, PRESIDENT 9/13/200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

9/13/2004

(305) 558-9136 Daytime Phone #



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