2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P93000004176 02-02-2006 90073 023 ***150.00 EXECUTIVE AIR CONDITIONING, INC. Principal Place of Business Mailing Address 4146 W 7TH LN 9990 SW 77 AVE. HIALEAH, FL SUITE 330 MIAMI, FL 33156 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0381854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARGOLIS, JOHN A ESQ. DO NOT WRITE 9990 SW 77 AVENUE **SUITE 330** IN THIS SPACE MIAMI, FL 33156 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SANCHEZ, CARLOS J STREET ADDRESS 4146 W 7TH LN CITY-ST-ZIP HIALEAH, FL 33012 DVS SANCHEZ, MIRIAM NAME STREET ADDRESS 4146 W 7TH LN CITY-ST-ZIP HIALEAH, FL 33012 FITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this villing does not dualify for the exemptions contained 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 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 attackment with an address, with all ofter like appropried.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Feb 02, 2006 8:00 am