

ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000021126
 1. Entity Name
 WESTSIDE AIR CONDITIONING SERVICE CORP.



Principal Place of Business 16041 SOUTHWEST 61ST COURT FORT LAUDERDALE, FL 33331	Mailing Address 16041 SOUTHWEST 61ST COURT FORT LAUDERDALE, FL 33331
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02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0396646	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA FE, ONIX
 16041 SOUTHWEST 61ST COURT
 FORT LAUDERDALE, FL 33331

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

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

U000000066582
 02/26/04-80021-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE LA FE, GUSTAVO 16041 SOUTHWEST 61ST COURT FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DE LA FE, ONIX 16041 SOUTHWEST 61ST COURT FORT LAUDERDALE, FL 33331
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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE: *Gustavo De La Fe*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/24/04 954-680-8346
Date Filing Office #