

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000048901**

1. Entity Name  
AUTO A/C INC.



Principal Place of Business  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334 US

Mailing Address  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334 US



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0468860

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOEWE, BRUCE R  
4441 NE 11 AVE.  
OAKLAND PARK, FL 33334

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LOEWE, BRUCE R  
STREET ADDRESS 2757 NE 17TH ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

TITLE D  
NAME DAWSON, DOUG  
STREET ADDRESS 2756 NE 18TH ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

TITLE VP  
NAME CESNER, CHUCK  
STREET ADDRESS 9825 NOD HILL COURT  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE VP  
NAME SANCHEZ, ALBERTO  
STREET ADDRESS 1650 SW 6TH DR.  
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000529747  
05/05/06-80090-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

Daytime Phone #