

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059425

Entity Name: AIR TEMP SERVICE, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

9479 N.W. 12TH. STREET  
MIAMI, FL 33265 US

## New Principal Place of Business:

6020 N.W. 99 AVE.  
302  
DORAL, FL 33178 US

## Current Mailing Address:

P.O. BOX 650295  
MIAMI, FL 332650295 US

## New Mailing Address:

FEI Number: 65-0415413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIDELA, OSCAR  
9479 N.W. 12TH. STREET  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

VIDELA, OSCAR  
6020 N.W. 99 AVE.  
302  
DORAL, FL 33178 US

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.

SIGNATURE: CIRCE SOSA

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VIDELA, OSCAR  
Address: 9479 N.W. 12TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: V.P. ( ) Delete  
Name: SOSA, CIRCE  
Address: 9479 N.W. 12TH. STREET  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: VIDELA, OSCAR  
Address: 6020 N.W. 99 AVE. # 302  
City-St-Zip: DORAL, FL 33178

Title: P (X) Change ( ) Addition  
Name: SOSA, CIRCE  
Address: 6020 N.W. 99 AVE. # 302  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CIRCE SOSA

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date