2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90360 040 ***150.00

| DOCUMENT # P93000059531 1. Entity Name SNOW WHITE AIR CONDITIONING, INC. | | | | | | | | | 04-29-200 | 4 90 3 60 0 | 40 ***15 | 50.00 |
|---|-------------------------------------|------------------------|-------------|--------------------------|------------|--|--|------------------|---|--------------------------|-----------------|-----------------------------|
| Principal Place of Business | | | | Mailing Address | | | | 44040044 | | | | |
| 11180 W FLAGLER ST. | | | | 11180 W FLAGLER ST. | | | | 44040311 | | | | |
| SUITE #3 MIAMI, FL 33174 | | | | SUITE #3 | | | | | | | | |
| IVIIAIVII, FL 33174 | | | | MIAMI, FL 33174 | | | | | | IN 16/2 1 BAID 18 | | S/BB(H (BB) |
| 2. Principal Place of Business | | | 3. | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04262004 | Chg-P CR2E034 (10/03) | | | |
| City & State | | | | City & State | | | 4. FEI Number 65-0442104 | | | | No | oplied For ot Applicable |
| Zip | Country | | | Zip Cou | | untry | | Certificate | of:Status Desired: | خنساد 🖾 د محب | \$8.75 Add | ditional |
| | 6. Name | and Address of Cur | rent Regis | stered Agent | <u> </u> | | | 7. Name and | Address of New | | <u>·</u> | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| AGUDO, MARCELO M | | | | | | | | | | | | |
| 501 BRICKEL KEY DRIVE | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| #300 MIAMI, FL | 33121 | | | | | | | | | | | |
| WII/AWII, L | 50151 | | | | | | | | | | 7:-0+- | |
| | | | | | | City | | | | FL | Zip Cod | / 0 |
| 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 | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | | |
| 10. | 1 - | OFFICERS A | AND DIRE | | 11. | | 1 . | | /CHANGES TO OF | | | |
| TITLE | P | ON THIS | | Delete | TITU | | Ca | stanor | 1 JESU | 5 | Change | Addition A |
| NAME STREET ADDRESS | CASTANON, LUIS 4640 S.W. 99 AVE. | | | | | EET ADDRESS | 111 | POUL | nt Flag | les # | 4 80 | esident |
| CITY-ST-ZIP | | MIAMI, FL 33165 | | | | | M | i mari | FL 33 | 174 | | |
| TIFLE | VP | | | ☐ Delete | TITL | LE | | | | | ☐ Change | ☐ Addition |
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| STREET ADDRESS | s 1081 N.W. 127 CT. | | | | STR | IEET ADDRESS | | | | | | İ |
| CITY-ST-ZIP | MIAMI, FI | MIAMI, FL 33182 | | | | | | <u> </u> | | <u> </u> | | |
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| NAME ^ | | | | | NA/ Ste | me Reet address | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | \wedge | | | | Y-ST-ZIP | | ٠., | ect , | | | |
| | cortify that th | e information supplies | with this | iling does not qualify f | | | ted in Se | ection 119 07(3) | (I) M. 11. S. 1. 1. | s. I further cer | tify that the i | information |
| indicated | dentity that the | rt of supplemental rep | ort is true | accurate and that | my signa | ature shall h | nave the | same legal effe | ct as if made unde | r oath; that I | am an officer | r or director |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under early that in an an officer or director of the corporation or the feceiver for 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 attactment with an address, with a file empowered. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNAT | TURE: _ | SIGNATURE AND TYPE | DO PRINTE | D HÁME OF SIGNING OFFICE | ROP DIREC | CTOR | | - 41 | /26/21 | 104 | Daytime Phone # | |