2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067272

Name:

Address:

City-St-Zip:

LOPEZ, DANIEL A

12884 SW 133RD TERR

MIAMI, FL 33186 US

FILED Aug 25, 2009 Secretary of State

Entity Nan	ne: A.D.L.	AIR CONDITIONING,	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
12916 SW MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
12916 SW MIAMI, FL				P.O. BOX 9 MIAMI, FL			
FEI Number: 27-0025861 FEI Number Applied For () FEI Number			Imber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STRAUSS, 2340 SOUT COCONUT	TH DIXIE H	IGHWAY					
The above in the State	named ent of Florida.	ity submits this statem	ent for the purpose o	of changing i	ts registered o	office or registered agent, or both	Ι,
SIGNATUR							_
Electronic Signature of Registered Agent				Date			
		'.193(2)(b), F.S., the corpo cing Trust Fund Contribu		he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	17 MANGR	()Delete R, DWIGHT A DVE LANE D, FL 33037		Title: Name: Address: City-St-Zip:	PD (X LOPEZ, JORG 12916 SW 132 MIAMI, FL 331	2 COURT	
Title: Name: Address: City-St-Zip:	VPTD LOPEZ, JO 12916 SW MIAMI, FL	132ND CT.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	SD	(X) Delete		Title:	() Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JORGE L. LOPEZ PD 08/25/2009