

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # **P93000071589**

1. Entity Name  
**O C AIR CONDITIONING CORP.**



Principal Place of Business  
**219 NW 66 AVE  
MIAMI, FL 33126**

Mailing Address  
**219 NW 66 AVE  
MIAMI, FL 33126**



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0442286**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CEPERO, OSVALDO  
219 NW 66 AVE  
MIAMI, FL 33126**

**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 rebating)

DATE

**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**

**000000122821  
04/21/04-80044-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CEPERO, OSVALDO
STREET ADDRESS	219 NW 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	CEPERO, MAGALY M.
STREET ADDRESS	219 NW 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	CEPERO, OSVALDO
STREET ADDRESS	219 N.W. 66 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	CASTILLO, RENE V
STREET ADDRESS	1811 N.W. 36 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(i), 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:

*Osvaldo Cepero* **PRESIDENT OSVALDO CEPERO**

**4-17-2004**

**305-261-7591**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #