


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State


DOCUMENT # P93000071589 1. Entity Name O C AIR CONDITIONING CORP.	
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Principal Place of Business 219 NW 66 AVE MIAMI, FL 33126	Mailing Address 219 NW 66 AVE MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CEPERO, OSVALDO
219 NW 66 AVE
MIAMI, FL 33126


02052005 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

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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U000000319136
04/20/05-80089-002 150.00
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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)(f), 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 4-14-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #