

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081558

FILED
Mar 04, 2009
Secretary of State

Entity Name: COMFORTEMP AIR CONDITIONING, INC.

Current Principal Place of Business:

2120 SW 82 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

2120 SW 82 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0532227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANO, MIGUEL J
2120 SW 82 AVE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANO, MIGUEL J
Address: 2120 SW 82 AVE
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: CANO, MIGUEL M
Address: 8835 SW 27 ST
City-St-Zip: MIAMI, FL 33165

Title: OFF. () Delete
Name: PEREZ, JOSE
Address: 9938 SW 154 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUEL J CANO

PRES

03/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date