## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000079047

FILED Apr 03, 2009 Secretary of State

Entity Name: ALFAIR CONDITIONING & REFRIGERATION SERVICES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
LINS AVENUE : ACH, FL 33140				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
LINS AVENUE ACH, FL 33140	US			
r: 65-0614314	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
MAXHER LINS AVE ACH, FL 33140	US			
e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
RE:				
Electronic Signature of Registered Agent		ent	Date	
mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
PINEDA, MAXHE	R AVE APT TH-2	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	ACH, FL 33140  failing Address  LINS AVENUE  ACH, FL 33140  G 65-0614314  G Address of Co  MAXHER  LINS AVE  ACH, FL 33140  e named entity se of Florida.  RE:  Electroni  mpaign Financing  S AND DIRECT  PSD ()  PINEDA, MAXHE	ACH, FL 33140  flailing Address:  LINS AVENUE  ACH, FL 33140 US  :: 65-0614314 FEI Number Applied For ( )  d Address of Current Registered Agent:  MAXHER  LINS AVE  ACH, FL 33140 US  e named entity submits this statement for the period of Florida.  RE:  Electronic Signature of Registered Agent	ACH, FL 33140  Mailing Address:  LINS AVENUE  ACH, FL 33140 US  1: 65-0614314 FEI Number Applied For ( ) FEI Number Not Applicable ( )  Id Address of Current Registered Agent:  MAXHER  LINS AVE  ACH, FL 33140 US  In named entity submits this statement for the purpose of changing its registered e of Florida.  RE:  Electronic Signature of Registered Agent  Impaign Financing Trust Fund Contribution ( ).  S AND DIRECTORS:  ADDITIONS/CHANGING PSD ( ) Delete PINEDA, MAXHER  RES Name:	

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: MAXHER PINEDA PD 04/03/2009