## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 08:00 AM **Secretary of State** DOCUMENT # P95000088212 ATTENTION AIR CONDITIONING APPLIANCES, INC. Principal Place of Business Mailing Address 12273 SW 129TH COURT 12273 SW 129TH COURT MIAMI, FL 33186 US MIAMI, FL 33186 US CB2E034 (10/03) 04272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0622186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PINO, FRANCISCO G. DO NOT WRITE 10304 SW 130 COURT MIAMI, FL 33186 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 reinstating) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PINO, FRANCISCO G 10304 SW 130 COURT STREET ADDRESS U00000140487 CITY-ST-ZIP MIAMI, FL 33186 04/29/04-80163-020 150.00 TITLE PINO, SERVILIO NAME 10940 SW 52ND DR STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

305-3807217

Daytime Phone

FILED