2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 24, 2006 08:00 AM DOCUMENT # P96000019787 **Secretary of State** R.E.M. AIR CONDITIONING SERVICE, INC. Mailing Address Principal Place of Business 2216 S.W. 60TH WAY MIRAMAR FL 33023 2216 S.W. 60TH WAY MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business Surle, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2F034 (10/05) Applied For City & State City & State 4. FEI Number 65-0663778 Not Applicable Zip Country Country \$8.75 Additional $Z_{i}\rho$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 Zip Code City 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 primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) EATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Delete MLE ☐ Change 🔲 Addition TITLE NAME MINCHER, RAYMOND NAME U)UUU479736 STREET ADDRESS STREET ADDRESS 2216 S.W. 60TH WAY 04/10/06-80016-007 15**0.80** CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition WILE NAME MINCHER, JOSEPH STREET ADDRESS 2216 S.W. 60TH WAY STREET ADDRESS CITY-ST-712 MIRAMAR FL 33023 CULY-ST-ZIP [] Change Addition Defete RECE BILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME الأراج والأناج المعولة STREET ADDRESS STREET AUDRESS ែលកាល់ជាប្រាស់ A សាធានា CITY-ST-ZIP CITY-ST-ZIP SITLE Delete ☐ Change Addition NAME NAME the true of the STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-719 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 true 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.

FILED

305-653-1064