2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000036810

1. Entity Name
CLIMA CONTROL INC.

Principal Place of Business	Mailing Address
19990 NW 83 CT. HIALEAH, FL 33015	P.O. BOX 170210 HIALEAH, FL 33017

DO NOT WRITE IN THIS SPACE

03152005   No Chg-P   •CR2E034 (10/03)

4. FEI Number	Applied For
65-0671276	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, PETER L
4238 S.W. 75 AVE
MIAMI, FL 33155

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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 printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PADRON, ANTONIO
STREET ADDRESS	19990 NW 83 CT.
CITY-ST-ZIP	HIALEAH, FL 33015

TITLE	V
NAME	FRAZIER, PETER L
STREET ADDRESS	850 W. 49TH STREET, APT. 612
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/21/05-80001-024 150.00

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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: _Antonio Padron_ President   3/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #