


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90011 044 ***150.00

DOCUMENT # P97000002923					
1. Entity Name ACCURATE AIR CONDITIONING AND APPLIANCE SERVICES, INC.					
Principal Place of Business 1130 SW 85 TERR PEMBROKE PINES, FL 33025 US			Mailing Address 1130 SW 85 TERR PEMBROKE PINES, FL 33025 US		
2. Principal Place of Business 19493 S.W. 60ct Suite, Apt. #, etc.		3. Mailing Address 19493 S.W. 60ct Suite, Apt. #, etc.			
City & State South West Ranches FL 33332 US		City & State South West Ranches FL 33332 US		4. FEI Number 65-0785531	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CHIN-SANG, DAVE 1130 SW 85 TERR PEMBROKE PINES, FL 33025					
7. Name and Address of New Registered Agent Name: Dave Chin-Sang Street Address (P.O. Box Number is Not Acceptable): 19493 S.W. 60 ct City: Southwest Ranches FL Zip Code: 33332					
I, 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: <u>DAVE CHIN-SANG</u> DATE: <u>01/07/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIN-SANG, DAVE 1130 SW 85 TERR PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIN-SANG, PAULINE 1130 SW 85 TERR PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Chin-Sang, Dave. 19493 S.W. 60ct. Southwest Ranches FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Chin-Sang, Pauline 19493 S.W. 60 ct. Southwest Ranches FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>DAVE CHIN-SANG</u> DATE: <u>01/07/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(cell) 954 214-8202