ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000096024**

1. Entity Name

ALWAYS COOL AIR CONDITIONING INC.



FILED Feb 26, 2004 08:00 AM Secretary of State

Principal Place of Business

16041 SW 61ST COURT FORT LAUDERDALE, FL 33331 Mailing Address

16041 SW 61ST COURT FORT LAUDERDALE, FL 33331



02242004

No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DE LA FE, ONIX 16041 SW 61ST COURT FORT LAUDERDALE, FL 33331

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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 reinstaling)  DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.	gent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.	□ Added to Fees U000000066581
10. OFFICERS AND DIRECTORS	
TITLE PTD  NAME DE LA FE, GUSTAVO  STREET ADDRESS 16041 SW 61ST COURT  CITY-ST-ZIP FORT LAUDERDALE, FL 33331	
TITLE VSD  NAME DE LA FE, ONIX  STREET ADDRESS 16041 SW 61ST COURT  CITY ST-ZIP FORT LAUDERDALE, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 of trustee empowered to execute this feptil as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment winner and ress, with all bitter like employeded.

SIGNATURE:

NAME STREET ADDRESS

LILLY A LATE OF CONTROL MASTER OF GLOWING OFFICER OF DEPTYON

305-557-6460