2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90112 012 ***150.00

DOCUMENT # P98000026704

Entity Name
D & M AIR CONDITIONING & APPLIANCE, INC.

Principal Place of Business
7951 S.W. 40 ST
SUITE 206
MIAMI FL 33155

Mailing Address
7951 S.W. 40 ST.
SUITE 206
MIAMI FL 33155

2. Principal Place of Business: 6440 SW 44 St.
Suite, Apt. #, etc.:
City & State: Miami, Fl.
Zip: 33155 Country: USA

3. Mailing Address: ~~6440~~ 7951 SW 40 St.
Suite, Apt. #, etc.: #206
City & State: Miami, Fl.
Zip: 33155 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0822068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DODGE, DAVID
6440 SW 44 ST
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/30/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	DODGE, DAVID	
STREET ADDRESS	6440 S.W. 44TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VSD	☐ Delete
NAME	DODGE, LAURA	
STREET ADDRESS	6440 S.W. 44TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 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: [signature] 4/30/03 305-669-1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #