2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AN Secretary of State DOCUMENT # P98000061592 ALBERTO'S AUTO AIRCONDITIONING, INC. Principal Place of Business Mailing Address 4481 S.W. 138TH COURT MIAMI, FL 33175 4481 S.W. 138TH COURT MIAMI, FL 33175 04162004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0850300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEAL, ALBERTO DO NOT WRITE 4481 S.W. 138TH CURT MIAMI, FL 33175 IN THIS SPACE 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. Signalujo, typod or printed name of registered agent and site if applicable. DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000117266 OFFICERS AND DIRECTORS 10. 04/19/04-80013-009 150.00 PD TITLE LEAL, ALBERTO NAME STREET 400RESS 4481 S.W. 138TH COURT MIAMI, FL 33175 CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME

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:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED