

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000071778

1. Entity Name
AIR PLUS AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business
**10001 PERIWINKLE STREET
 MIRAMAR, FL 33025**

Mailing Address
**10001 PERIWINKLE STREET
 MIRAMAR, FL 33025**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0857282

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DALEY, CLINTON
 10001 PERIWINKLE STREET
 MIRAMAR, FL 33025**

**DO NOT WRITE
 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: *[Signature]* DATE: **4-27-2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT
NAME	DALEY, CLINTON
STREET ADDRESS	10001 PERIWINKLE STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	DALEY, ROY
STREET ADDRESS	1260 NE 200 TERR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	DVS
NAME	ALEXANDER, VINETTE
STREET ADDRESS	12335 NW 51ST STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/30/05-80067-023 158.75

**DO NOT WRITE
 IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-27-2005** DAYTIME PHONE #: **954-372-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR