2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000075749

1. Entity Name



FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90075 032 ***150.00

Mailing Accessors Ray SOUTH STATE ROAD 7 ROAD SOUTH STATE ROAD 7	BROWARD HEAT EXCHANGER SERVICE, INC.						
Suite	1831 SOUTH STATE ROAD 7		1831 SOUTH STATE ROAD 7				
City & State City & State City	2. Principal P	lace of Business	3. Mailing Address				
Zip Country Zip Country Sp. Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
S. Carrier Registered Agent S. C	City & State		City & State			50-2005767	
CASACCI, JOSEPH R 305 S.E. 18TH COURT FORT LAUDERDALE FL 33316 City City FL City	Zip	Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
CASACCI, JOSEPH ROUGHT FORT LAUDERDALE FL 33316 City FL 2/D Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FFE IS \$15.00 After May 1, 2004 Fee will be \$550.00 Take Check Paylable to Florida Department of State; 10. OFFICERS AND DIRECTORS TITLE NAME KENT, DAVID TITLE NAME KENT, DAVID TITLE NAME KENT, DOUGLAS SIRRET ADDRESS CITY-ST-2P TORT LAUDERDALE FL 33317 TITLE NAME SIRRET ADDRESS CITY-ST-2P CITY-ST-2P		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
306 S.E. 18TH COURT FORT LAUDERDALE FL 33316 City FL Zip Code				Name		•	
B. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Signature	305 S.E. 18TH COURT			Street	Street Address (P.O. Box Number is Not Acceptable)		
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 Synature typed or printed name of registered agent and tile if applicable. (NOTE Registered Agent significant required when remainishing) DATE							
THE NOW! IT FEE IS \$150.00 Added to Fees Make Check Payable to Floride Department of State Now Payable to Floride Department D				City		FL Zip Code	
Signature, private name of registered apent and like if arguhabation (NOTE Register Apent signatured when with private in the financiary of the private in the financiary of the private in the priva	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.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of Siste: 10.	SIGNATURE Signature Viced or printed name of repostered applicable VINITE						
After May-1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of States 10	The state of the s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2004 Fee will be \$550.00	State				
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS LOTY-ST-ZPP TITLE NAME STREET ADDRESS LOTY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33317 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE N	TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
CITY-ST-ZPP FORT LAUDERDALE FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET A	-	l '		NAME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-	
NAME STREET ADDRESS 1831 SOUTH STATE ROAD 7 FORT LAUDERDALE FL 33317 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · ··· · · · · ·			CITY-ST-ZIP	-		
STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ł			-		
NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	1	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME	ŀ		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	المراجب والمراجب والمراجب والمراجب والمراجب	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP			L_J Delete			Change Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STR							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME					_ • •	
	ŀ	•				y.	
	 		A		<u> </u>		

Indicated on this report or supplied with this filling 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 his 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

ME OF SIGNING OFFICER OR DIRECTOR