


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90002 019 \*\*\*150.00

<b>DOCUMENT # P99000031547</b>	
1. Entity Name <b>PRO-AIR CONDITIONING CONTRACTOR, INC.</b>	

Principal Place of Business <b>8052 S.W. 90TH AVENUE MIAMI FL 33173</b>	Mailing Address <b>8052 S.W. 90TH AVENUE MIAMI FL 33173</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (4/04)

4. FEI Number <b>65-0916636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOJICAR, LUIS F 8052 S.W. 90TH AVENUE MIAMI FL 33173</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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]* DATE 7/26/04  
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P MOJICAR, NORMA D 8052 S.W. 90TH AVENUE MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP MOJICAR, LUIS F 8052 S.W. 90TH AVENUE MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 7/26/03 305-275-8040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

54067732  
# P99000031547

**MECHANICAL CONTRACTOR, INC.**

STATE MECHANICAL CTR.

STATE PLUMBING CTR.

SHEET METAL CTR.

7-26-2004

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6850  
TALLAHASSEE, FL 32314

DEAR SIR

THIS IS TO INFORM YOU THAT WE NEVER RECEIVE THE  
2004 UNIFORM BUSINESS REPORT IN OUR OFFICE 8052 SW  
90 Avenue Miami Fl. 33173, AT THE TIME REQUIRE TO  
DO THE PAYMENT BEFORE MAY 2004, we have always paid  
as soon that we receive such report. we are sending  
copy of 2003 REPORT AN COPY OF CHECK PAID ON APRIL  
10-2003

WE ARE SENDING PAYMENT FOR YEAR 2004

SINCERELY YOURS

  
LUIS F. MOJICAR  
vice-president

Attachment

# P99000031547

# Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.**

## Reminder:

- Changes must be typed or printed in ink and legible.
- Signature in Block 12.
- Submit with total amount due in the form of a **separate check** for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1.** Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after November 22, 2002, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 488-9000.
- Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6.** The law requires that each entity have a Registered Agent with a **Florida street address**. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8.** The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- Block 10.** Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. **Please do not make any marks in Block 10 unless deleting an officer;** corrections or additions are to be made in Block 11.
- Block 11.** Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.**
- Block 12.** This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

## PRO-AIR CONDITIONING CONTRACTOR INC.

305-275-8040  
8052 S.W. 90TH AVE.  
MIAMI, FL 33173

1839

83-1139/888

DATE 4/10/03

PAY TO THE ORDER OF DIVISION OF CORP. UNIFORM BUSINESS REPORT \$150.00  
ONE HUNDRED FIFTY 00/100 DOLLARS



FOR FEI \* 65-0916636/2003

Wm F. W. Allen

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