

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000036525

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



Principal Place of Business
8450 SW 172ND ST.
MIAMI, FL 33157-4667

Mailing Address
PO BOX 970558
MIAMI, FL 33197-0558



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0914956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, CORY D
8450 SW 172ND STREET
MIAMI, FL 33157-4667

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROTH, CORY D
STREET ADDRESS	8450 SW 172ND STREET
CITY-ST-ZIP	MIAMI, FL 331574667

000000474622
04/04/06-80032-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cory Roth Cory Roth 3/14/06 305-232-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #