

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 044 ***158.75

DOCUMENT # P99000038191

1. Entity Name
COMMUNITY A/C SUPPLY, INC.



Principal Place of Business
**85 GRAND CANAL DR.
SUITE 106
MIAMI, FL 33144**

Mailing Address
**85 GRAND CANAL DR.
SUITE 106
MIAMI, FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0914831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROJAS, CARMEN E
~~85 GRAND CANAL DR.~~
~~SUITE 106~~
MIAMI, FL ~~33144~~**

Name

Street Address (P.O. Box Number is Not Acceptable)

19770 S.W. 136 AVE.

City **MIAMI**

FL **33177**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ROJAS, CARMEN E
~~85 GRAND CANAL DR.~~
MIAMI, FL ~~33144~~**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**☒ Change ☐ Addition
19770 S.W. 136 AVE
MIAMI, FL. 33177**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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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: CARMEN E. ROJAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05

Date

305-207-7445

Daytime Phone #