

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052790

Entity Name: A.E. SOSA AIR CONDITIONING, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1015 PASEO MORELLA
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

1015 PASEO MORELLA
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0936301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSA, ANGEL E
1015 PASEO MORELLA
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOSA, ANGEL E
Address: 1015 PASEO MORELLA
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: SOSA, CARMEN M
Address: 1015 PASEO MORELLA
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: SOSA, JULIAN H
Address: 1015 PASCO MORELLA
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: SOSA, DAVID H
Address: 1015 PASEO MORELLA
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN SOSA

SECR

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date