


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # S02427</b> 1. Entity Name AL'S REFRIGERATION & HVAC, INC.	
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Principal Place of Business 12670 34TH ST. N B4 CLEARWATER, FL 33762	Mailing Address 3111 BLUE HERON ST SAFETY HARBOR, FL 34695
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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3030944	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FERNANDEZ, ALVARO  
3111 BLUE HERON STREET  
SAFETY HARBOR, FL 34695

**DO NOT WRITE  
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

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**

U00000351254

05/02/05-80137-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, ALVARO 3111 BLUE HERON STREET SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, MYRIAM 3111 BLUE HERON STREET SAFETY HARBOR, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ☒ Alvaro Fernandez 04/29/05  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #