

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 556978

1. Entity Name

CONDITIONEDAIR & ASSOCIATED CONTRACTORS, INC.



Principal Place of Business

540 NW 165 ST RD
305B
MIAMI FL 33169
US

Mailing Address

540 NW 165 ST RD
305B
MIAMI FL 33169
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413800

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILES, HUGH A
3307 SW 175TH AVENUE
MIRAMAR FL 33029

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May E
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME MILES, HUGH A.
STREET ADDRESS 3307 SW 175TH AVENUE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000499779
CITY-ST-ZIP 04/24/06-80046-002 150.00

TITLE D ☐ Delete
NAME ROSE, SANDY
STREET ADDRESS 2718 S W 177 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE DS ☐ Delete
NAME MILES, SANDRA
STREET ADDRESS 3307 SW 175TH AVENUE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE DT ☐ Delete
NAME ROSE, JOAN
STREET ADDRESS 2718 S.W.177 AVENUE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE D ☐ Delete
NAME ROBERTS, KENNETH
STREET ADDRESS 5113 YELLOW PINES LANE
CITY-ST-ZIP TAMARAC FL 33312

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE VP ☐ Delete
NAME ROSE, DANE
STREET ADDRESS 2718 SW 177 AVE.
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: HUGH MILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 (305)249-8115