2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # S56978

1. Entity Name
CONDITIONEDAIR & ASSOCIATED CONTRACTORS, INC.

Principal Place of Business	Mailing Address
540 NW 165 ST RD 305B MIAMI, FL 33169 US	540 NW 165 ST RD 305B MIAMI, FL 33169 US

DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0413800
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILES, HUGH A.
STREET ADDRESS	3307 SW 175TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	ROSE, SANDY
STREET ADDRESS	2718 S W 177 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	MILES, SANDRA
STREET ADDRESS	3307 SW 175TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	DT
NAME	ROSE, JOAN
STREET ADDRESS	2718 S.W.177 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	ROBERTS, KENNETH
STREET ADDRESS	5113 YELLOW PINES LANE
CITY-ST-ZIP	TAMARAC, FL 33312
TITLE	VP
NAME	ROSE, DANE
STREET ADDRESS	2718 SW 177 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33029

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04/11/07-80038-020 150.00

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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: HUGH MILES (PRES) 4/2/07 (305)949-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #