

02-16-1900 03:15PM FROM

TO 3054452509

P.01

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V49156	
1. Entity Name A.C. COOLING CORPORATION	

Principal Place of Business
**4650 N.W. 7TH STREET
MIAMI, FL 33126**

Mailing Address
**4650 N.W. 7TH STREET
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE

08132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0357549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOCANO, FRANCO
4709 NW 7 ST 106
MIAMI, FL 33126**

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 submitting)

1100000170632
08/23/04-800013-022 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHOCANO, FRANCO
4709 N.W. 7 STREET, SUITE 106
MIAMI, FL 33126**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3), 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 a duly authorized person 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 or without other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #