2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 08:00 AM Secretary of State **DOCUMENT # P00000053481** COMMERCIAL COOL-TEMP CORP. Principal Place of Business Mailing Address 2041 SW 70TH AVE #D21 2041 SW 70TH AVE #D21 DAVIE, FL 33317 US DAVIE, FL 33317 US CR2E034 (10/03) 03292005 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1030587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SEYBOLD, CHARLES DO NOT WRITE 2630 SW 20TH STREET FT LAUDERDALE, FL 33413 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SEYBOLD, CHARLES U00000283411 /01/05-80026-004 150.00 STREET ADDRESS 2041 SW 70TH AVE. #D21 CITY-ST-ZIP **DAVIE, FL 33317** MALIE STREET ADDRESS CITY-ST-ZIP ΠDF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/49/05

954-473-9800

FILED

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