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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90465 019 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000044152

1. Entity Name

R. P. ICE, INC.



14017483

Principal Place of Business
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020
US

Mailing Address
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0598027

Applied For

(Not Applicable)

5. Certificate of Status Desired

\$9.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLAPHOLZ, ESO J
C/O MANELLA & KLAPHOLZ
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

I, 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE: DATE

FILE NOW! FEE IS \$10.00

After May 1, 2004, Fee will be \$15.00

Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPST
NAME: ABRAMOVITCH, FRED
STREET ADDRESS: 3342 WATER OAKS DRIVE
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: DPST
NAME: ABRAMOVITCH
STREET ADDRESS: 2500 HOLLYWOOD BLVD, SUITE 212
CITY-ST-ZIP: HOLLYWOOD, FL 33020

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: [Signature] DATE: APR 30/04 DAYTIME PHONE: [Number]