I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURT E REDLUS

Electronic Signature of Signing Officer/Director Detail

DT

03/18/2020

Certificate of Status Desired: No

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. SIGNATURE:

Electronic Signature of Registered Agent

| Officer/Director Detail : | | | |
|---------------------------|-------------------------|----------------------------|--|
| Title | DT | Title | DS |
| Name | REDLUS, BURT E. | Name | REDLUS, ANGELA |
| Address | 19 W FLAGLER ST, #711 | Address City-State-Zip: | 19 W FLAGLER ST 711 MIAMI FL 33130 |
| City-State-Zip: | MIAMI FL 33130 | | |
| Title | DP | | |
| Name | REDLUS, ALEX L | | |
| Address | 19 W FLAGLER ST #711 | | |
| City-State-Zip: | MIAMI FL 33130 | | |

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59105

Entity Name: SHAVE ICE OF FLORIDA, INC.

Current Principal Place of Business:

% BURT E. REDLUS 19 W FLAGER ST #711 MIAMI, FL 33130

Current Mailing Address:

% BURT E. REDLUS 19 W FLAGER ST #711 MIAMI, FL 33130

FEI Number: 65-0037300

Name and Address of Current Registered Agent:

REDLUS, BURT E 19 W. FLAGER STREET #711 MIAMI, FL 33130 US FILED Mar 18, 2020 Secretary of State 1052772297CC

Date

Date