

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90068 026 ***150.00

DOCUMENT # 322191 1. Entity Name COLD AIR DISTRIBUTORS WAREHOUSE OF FLORIDA, INC.					
Principal Place of Business 3053 INDUSTRIAL 31ST ST FORT PIERCE, FL 34946			Mailing Address 3053 INDUSTRIAL 31ST ST FORT PIERCE, FL 34946		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent MASTROFF, MARVIN 3053 INDUSTRIAL 31ST STREET FT. PIERCE, FL 34946				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. 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 NAME STREET ADDRESS CITY - ST - ZIP	PD MASTROFF, MARVIN 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASTROFF, ELINOR 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MASTROFF, RUSSELL 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Marvin Mastroff</i>			Date: <i>3/17/04</i> Daytime Phone #: <i>466-3038</i>		