

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 322191 1. Entity Name COLD AIR DISTRIBUTORS WAREHOUSE OF FLORIDA, INC.	
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Principal Place of Business 3053 INDUSTRIAL 31ST ST FORT PIERCE, FL 34946	Mailing Address 3053 INDUSTRIAL 31ST ST FORT PIERCE, FL 34946
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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1216685	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASTROFF, MARVIN 3053 INDUSTRIAL 31ST STREET FT. PIERCE, FL 34946	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

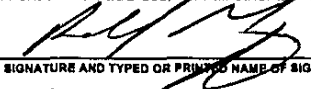
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTROFF, MARVIN 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASTROFF, ELINOR 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTROFF, RUSSELL 3053 INDUSTRIAL 31ST ST. FT. PIERCE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80004-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/12/07 772-446-3034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #