

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90140 027 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**MASTROFF, MARVIN
3053 INDUSTRIAL 31ST STREET
FT. PIERCE, FL 34946**

Name **Russell Mastroff**

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

3053 Industrial 31st Street

City **Ft. Pierce**

FL

Zip Code
34946

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, 2008 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 PD ☒ Delete
NAME MASTROFF, MARVIN
STREET ADDRESS 3053 INDUSTRIAL 31ST ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MASTROFF, ELINOR
STREET ADDRESS 3053 INDUSTRIAL 31ST ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE PD ☒ Change ☐ Addition
NAME Mastroff, Russell
STREET ADDRESS 3053 Industrial 31st Street
CITY-ST-ZIP Ft. Pierce, FL 34946

TITLE VD ☐ Delete
NAME MASTROFF, RUSSELL
STREET ADDRESS 3053 INDUSTRIAL 31ST ST.
CITY-ST-ZIP FT. PIERCE, FL

TITLE STD ☒ Change ☐ Addition
NAME Mastroff, Elinor
STREET ADDRESS 3053 Industrial 31st Street
CITY-ST-ZIP Ft. Pierce, FL 34946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: RUSSELL MASTROFF 4-21-08 772-466-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #