

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 322191

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** COLD AIR DISTRIBUTORS WAREHOUSE OF FLORIDA, INC.

**Current Principal Place of Business:**

3053 INDUSTRIAL 31ST ST  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

3053 INDUSTRIAL 31ST ST  
FORT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 59-1216685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTROFF, RUSSELL  
3053 INDUSTRIAL 31ST STREET  
FT. PIERCE, FL 34946 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASTROFF, RUSSELL  
Address: 3053 INDUSTRIAL 31ST ST.  
City-St-Zip: FT. PIERCE, FL

Title: STD  
Name: MASTROFF, ELINOR  
Address: 3053 INDUSTRIAL 31ST ST.  
City-St-Zip: FT. PIERCE, FL

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: RUSSELL MASTROFF

PD

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date