

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388236

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: REFRICENTER OF MIAMI, INC.

**Current Principal Place of Business:**

7101 NW 43RD ST.  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7101 NW 43RD ST.  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 59-1362709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAVARRO JOSE A ESQ  
6401 SW 87 AVE.  
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERNANDEZ, JOSE  
Address: 7101 N.W. 43RD  
City-St-Zip: MIAMI, FL 33166 US

Title: SD ( ) Delete  
Name: ARVESU, PEDRO  
Address: 7101 N.W. 43RD ST  
City-St-Zip: MIAMI, FL 33166 US

Title: VPT ( ) Delete  
Name: HERNANDEZ, CIRILO  
Address: 7101 N.W. 43RD ST  
City-St-Zip: MIAMI, FL 33166 US

Title: AS ( ) Delete  
Name: HERNANDEZ, JOSE C  
Address: 7101 N.W. 43RD ST  
City-St-Zip: MIAMI, FL 33166 US

Title: C ( ) Delete  
Name: VALDES, ARMANDO JR  
Address: 7101 NW 43RD ST  
City-St-Zip: MIAMI, FL 33166 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO VALDES, JR.

C

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date