

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 454427

1. Entity Name
ICE COLD AUTO AIR AND SPEEDOMETER SERVICE,
INC.



Principal Place of Business
745 NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33304

Mailing Address
745 NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1538220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORVICH, RONALD
745 N. FEDERAL HWY.
FORT LAUDERDALE, FL

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000388882
01/20/06-80024-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BENNETT, REX
STREET ADDRESS	745 N. FEDERAL HWY.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	COLLINS, WILLIAM
STREET ADDRESS	2801 NE 183RD STREET
CITY-ST-ZIP	AVENTURA, FL
TITLE	P
NAME	COLLINS, WILLIAM
STREET ADDRESS	2801 NE 183RD STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1/12/06 954-264-610