

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489321

Entity Name: DON'S COOLING, INC.

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

13333 NORTHWEST 7TH AVENUE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

13333 NORTHWEST 7TH AVENUE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1631887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUTE, MELVYN
1124 KANE CONCOURSE
BAY HARBOR ISLD, FL 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: PSD () Delete
Name: WOLFORD, ROBERT L
Address: 1160 BRISTOL AVE
City-St-Zip: DAVIE, FL

Title: VPTD () Delete
Name: WOLFORD, JEAN M
Address: 1160 BRISTOL AVE
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WOLFORD, ROBERT L
Address: 9103D SW 19 PLACE
City-St-Zip: DAVIE, FL 33324

Title: VPTD (X) Change () Addition
Name: WOLFORD, JEAN M
Address: 9103D SW 19 PLACE
City-St-Zip: DAVIE, FL 33324

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: ROBERT L. WOLFORD

PRES

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date