## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 588874**

FILED Apr 28, 2006 Secretary of State

Entity Name: PORT EVERGLADES COLD STORAGE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	9 AVENUE ERGLADES, FL	33316 US		
urrent N	lailing Address	::	New Mailing Addres	s:
	GRESS RD DALE, FL 33823	3 US		
El Number	: 59-1933000	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	l Address of C	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
	), STEPHEN			
	PBELL DR HAVEN, FL 338	84 US		
/INTER I he above	HAVEN, FL 338		ourpose of changing its registere	ed office or registered agent, or both,
/INTER I he above	HAVEN, FL 338 named entity si e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
/INTER I	HAVEN, FL 338 named entity so e of Florida. RE:			ed office or registered agent, or both,  Date
/INTER I he above the State	HAVEN, FL 338 named entity si e of Florida.  RE: Electroni	ubmits this statement for the p		
He above the State GNATUI	HAVEN, FL 338 named entity si e of Florida.  RE: Electroni	ubmits this statement for the position of the position of Registered Agramst Fund Contribution ( ).	ent	
He above the State GNATUI	e named entity sie of Florida.  RE: Electronic  mpaign Financing  S AND DIRECT	ubmits this statement for the particle Signature of Registered Agricust Fund Contribution ( ).  ORS: Delete PHEN DR	ent	Date
he above the State IGNATUI lection Car PFFICER: tte: ame: ddress:	e named entity sie of Florida.  RE:  Electroni  mpaign Financing  S AND DIRECT  VP ()I  SATERBO, STEF 108 CAMPBELL WINTER HAVEN	ubmits this statement for the particle Signature of Registered Agranust Fund Contribution ( ).  ORS: Delete PHEN DR , FL 33884 Delete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN SATERBO VP 04/28/2006