2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JUL 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/14/04 90010 003 #150.00

DOCUMENT # F00000007018

1. Entity Name
SUBZERO CONTRACTORS, INC.

Principal Place of Business	Mailing Address
ONE SPECTRUM POINTE 330 LAKE FOREST, CA 92630	ONE SPECTRUM POINTE 330 LAKE FOREST, CA 92630

07092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 33-0780874 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT SOLL, DEAN 20512 CRESCENT BAY #106 LAKE FOREST, CA 92630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONE SPECTRUM POINTE STE. 330 LAKE FOREST, CA 92630	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CHAO, JAMES 20512 CRESCENT BAY #106 LAKE FOREST, CA 92630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONE SPECTRUM POINTE STE. 330 LAKE FOREST, CA 92630	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNELL, RICHARD 2230 TOWNE LAKE PKWY BLD 900 #250 WOODSTOCK, GA 30189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1190 BUCKHEAD CROSSING SUITE A-1 WOODSTOCK, GA 30189	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DEAN SOLL, PRES 07/09/04 (949)458-9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #