
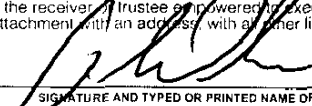


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90039 001 \*\*\*150.00

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<b>DOCUMENT # K06323</b> 1. Entity Name <b>ATLANTIC REFRIGERATION CORP.</b>					
Principal Place of Business <b>1255 NW 17TH AVENUE</b> <b>DELRAY BCH., FL 33445 US</b>			Mailing Address <b>1255 NW 17TH AVENUE</b> <b>DELRAY BCH., FL 33445 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0018913</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PAKRADOONI, J. MICHAEL</b> <del><b>967 CYPRESS DR.</b></del> <del><b>DELRAY BEACH, FL 33483</b></del>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>1255 NW 17th Avenue #1</b>  City <b>Delray Beach, FL</b> Zip Code <b>33445</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <b>PAKRADOONI, J. MICHAEL</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAKRADOONI, J. MICHAEL</b>		NAME	<b>PAKRADOONI, J. MICHAEL</b>	
STREET ADDRESS	<del><b>967 CYPRESS DR.</b></del>		STREET ADDRESS	<b>1255 NW 17th Avenue #1</b>	
CITY-ST-ZIP	<del><b>DELRAY BEACH, FL</b></del>		CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCGANN, MICHAEL E</b>		NAME	<b>MCGANN, MICHAEL E</b>	
STREET ADDRESS	<b>7240 COPPERFIELD CIRCLE</b>		STREET ADDRESS	<b>7240 COPPERFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, trustee or 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 an other like empowered.					
<b>SIGNATURE:</b> 			<b>3/26/07 (561) 278-1937</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		