

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M03186

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: REFRICENTER OF BROWARD, INC.

## Current Principal Place of Business:

2601-A GATEWAY DRIVE #A  
POMPANO BEACH, FL 330694321 US

## New Principal Place of Business:

## Current Mailing Address:

7101 NW 43RD ST.  
MIAMI, FL 33166 US

## New Mailing Address:

FEI Number: 59-2456555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAVARRO, JOSE A., ESQ.  
6401 SW 87TH AVE.  
SUITE 104  
MIAMI, FL 33173 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: P ( ) Delete  
Name: HERNANDEZ, JOSE C  
Address: 7101 NW 43RD ST.  
City-St-Zip: MIAMI, FL 33166 US

Title: VPT ( ) Delete  
Name: HERNANDEZ, CIRILO  
Address: 7101 NW 43RD ST.  
City-St-Zip: MIAMI, FL 33166 US

Title: S ( ) Delete  
Name: ARVESU, PEDRO  
Address: 7101 NW 43RD ST.  
City-St-Zip: MIAMI, FL 33166 US

Title: AS ( ) Delete  
Name: HERNANDEZ, JOSE C  
Address: 7101 NW 43RD ST.  
City-St-Zip: MIAMI, FL 33166 US

Title: C ( ) Delete  
Name: VALDES, ARMANDO JR  
Address: 7101 NW 43RD ST  
City-St-Zip: MIAMI, FL 33166 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARMANDO VALDES, JR

C

03/20/2009

Electronic Signature of Signing Officer or Director

Date