


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M11617**  
 1. Entity Name  
 REFRIGERATION SALES & EXPORT, INC.



Principal Place of Business      Mailing Address  
 4230 S.W. 75 AVENUE      4230 S.W. 75 AVENUE  
 MIAMI, FL 33155      MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



04062004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2494345	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 TIOMNO, CESAR  
 4230 SW 75 AVE  
 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

U00000108165  
 04/09/04-80044-008 150.00


10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIOMNO, CESAR
STREET ADDRESS	8850 S.W. 62ND TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	KANAREK DETIOMNO, CECILIA
STREET ADDRESS	8850 S.W. 62ND TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000108165  
 04/09/04-80044-009 8.75

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:       **4/6/04 305-264-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #