2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52965

City-St-Zip: MIAMI, FL 33166 US

Entity Name: REFRICENTER SOUTH, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
8884 SW MIAMI, FL	129TH ST. 33176 US			
Current Mailing Address:			New Mailing Address:	
7101 NW MIAMI, FL				
FEI Number	: 65-0039480	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
6401 SW 8 MIAMI, FL The above	e named entity s	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,
in the State	e of Florida.			
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
Election Car	mpaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () HERNANDEZ, J 7101 NW 43RD MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () ARVESU, PEDF 7101 NW 43RD MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPT () HERNANDEZ, C 7101 NW 43RD MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () HERNANDEZ, J 7101 NW 43RD MIAMI, FL 3310	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	C () VALDES, JR, Al 7101 NW 43 ST		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: ARMANDO VALDES, JR C 03/20/2009