

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
and Records Administration
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M63742

(4)

ICEBOYS PAINTING CORPORATION

(DO NOT WRITE IN THIS SPACE)

1. Principal Office Address		2. Mailing Address	
10733 N.W. 7TH AVENUE MIAMI FL 33168		10733 N.W. 7TH AVENUE MIAMI FL 33168	
2. Change of Office Address	2a. Mailing Address	4. FID Number	Applied Fee
21	26	65-0028035	Not Applicable
22	27	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
23	28	6. Director Campaign Financing	☐ \$5.00 May Be Added to Fees
24	29	8. This corporation has liability for information under S. 190.001, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
RAGNARSSON, HELGI MAR 10733 N.W. 7TH AVENUE MIAMI FL 33168		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Applicable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Applicable)		83. City		84. State	FL	85. Zip Code	
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82. Street Address (P.O. Box Number is Not Applicable)													
83. City													
84. State	FL												
85. Zip Code													

11. Pursuant to the provisions of Sections 607, 608 and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as provided in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligation of Section 609, Florida Statutes.

SIGNATURE _____

12. DIRECTORS AND OFFICERS		13. ADDITIONAL CHANGES TO DIRECTORS AND OFFICERS (If Any)	
NAME	PD RAGNARSSON, HELGI MAR 1400 NORTH 64TH WAY HOLLYWOOD FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	SD KARLSDOTTIR, MARGRET 1400 NORTH 64TH WAY HOLLYWOOD FL	CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	VPD RAGNARSSON, ARNAR 1400 NORTH 64TH WAY HOLLYWOOD FL	CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	TD RAGNARSSON, HARALDUR R 1400 NORTH 64TH WAY HOLLYWOOD FL	CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D DANNIELSSON, KRISTJAN 1400 NORTH 64TH WAY HOLLYWOOD FL 33024	CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that no corporation shall have the right to sue or be sued in any court of law or equity until it has been duly organized under the laws of the State of Florida, and that no corporation shall have the right to sue or be sued in any court of law or equity until it has been duly organized under the laws of the State of Florida, and that no corporation shall have the right to sue or be sued in any court of law or equity until it has been duly organized under the laws of the State of Florida.

SIGNATURE: *Margaret Karlsdottir* *Margaret Karlsdottir*
SECRETARY
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR