2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED				
DOCUMENT # P00000061573  1. Entity Name							N	May 02, 2005 08:00 AM Secretary of State				
COOLRELIC INTERNATIONAL INC.							-	Secreta	ii y Oi	Statt		
Principal Place of Business				Mailing Address								
65-1018610/COOLRELIC IN'L, INC. 5911 SW 199 AVE. PEMBROKE PINES FL 33332-1584				MARTIN A DRUTZ, ACCOUNTANT 8966 SW 87 CT., STE. 12-A MIAMI FL 33176			; ; }	siissi iit ssiif ksiif psff: 654:	ı parı allık elik	: 11881 81111 1882	* (111791   1001	
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address								
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Suite, Apt.			_	Suite, Apt. #, etc.			15	MOORE	CR2E034		<del></del>	
City & State			City	City & State			4. FE! Numb	65-101861	0	-	Applied For Not Applicable	
Zip	ip Country		Zip	Zip C		try	5. Certificate	e of Status Desired		\$8.75 A		
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New F	Registered .	Agent		
DRUTZ, MARTIN A ACCT.							15 A B 33 3		<u> </u>	<u> </u>		
896	6 S.W. 8 TE 12-A	CT.				Street Address	s (P.O. Box Numb	per is Not Acceptabl	e) 			
MIAMI FL 33176								* <u></u>	<u> </u>		<u> </u>	
						City			FL			
	named entity tions of regist	y submits this stateme ered agent.	ent for the purp	ose of changing its	register	ed office or regis	tered agent, or bo	oth, in the State of F!	orida. I am	familiar witi	h, and accept	
SIGNATURE .	Signalitie Mond	or printed name of registered	Acient and title if ear	olicable (NOT	F Bernstere	d Agent signature requi	red when rainstating)	<u></u> _	DATE		=	
F		! FEE IS \$150.00		(10)	- 110g/315/0	0 - 19 - 10 - 10 - 10 - 10 - 10 - 10 - 1	The title of the t	A Flantian Comm				
		5 Fee Will Be \$55 Florida Departme						9. Election Camp Trust Fund Cor			5.00 May Be ided to Fees	
10.	( rayable to	and the same of the same of	AND DIRECTO	) AS	11.	<u> </u>	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	
TITLE	Р			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	AMATO, RALPH J JR. 55 5911 S.W. 199TH AVENUE			NAM! STRE		E ADDRESS		05/03/05-80	;2999 3046-0:	24 150.	.00	
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NAME STREET ADDRESS					NAMI STRE	ET ADDRESS						
CITY - ST-ZIP			· · · · · -		CHTY-	- ST - ZIP				·		
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 frue 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 fusive expowered 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.												
changed, or on an attachment with an abdress, with all other like empowered.  RESPH SUNTO  Y-2C-05 954-2C1-5946												
SIGNAL	One. 1	SIGNATURE AND TYPED	OF FRINTED NAM	E OF SIGNING OFFICER			<u></u>	Date		Seytime Phone +		