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May 03, 2004 8:00 am
Secretary of State
05-03-2004 91037 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000012480

1. Entity Name
COOLING COMPONENTS CORP.

Principal Place of Business	Mailing Address
10302 NW SOUTH RIVER DR BOX 6 MIAMI, FL 33178	10302 NW SOUTH RIVER DR BOX 6 MIAMI, FL 33178

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9949 N.W. 89 AVE #11	9949 N.W. 89 AVE #11
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MEDLEY, FL	City & State: MEDLEY, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 94-3414790 (Applied For / Not Applicable)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMANO, WADIE 10302 NW SOUTH RIVER DR., WARE. #6 MEDLEY, FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. The information with respect to the registered agent is true and accurate.

SIGNATURE _____ 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

10. OFFICER AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name Street Address City-St-Zip	D ROMANO, JUAN JOSE 444 BRICKELL AVE SUITE 300 MIAMI, FL 33131 ☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	P ROMANO, DENISE 1534 SPOERA AVE. CORAL GABLES, FL 33134 ☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	GM ROMANO, WADI 8180 GENEVA CT, #330B MIAMI, FL 33166 ☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	S ROMANO, MARIA C 444 BRICKELL AVE, SUITE 300 MIAMI, FL 33131 ☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Delete	Title Name Street Address City-St-Zip	☐ Change ☐ Addition

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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR