


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000027084 1. Entity Name PORTIELES' REFRIGERATION, CORP. |  |
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| Principal Place of Business 850 SW 142 AVE MIAMI, FL 33184 | Mailing Address 850 SW 142 AVE MIAMI, FL 33184 |
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 65-1090104 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PORTIELES, ADALBERTO
850 SW 142ND AVE
MIAMI, FL 33184

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PORTIELES, ADALBERTO 850 SW 142ND AVE MIAMI, FL 33184 |
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01/12/06-80033-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-9/06 786 367 3579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #