

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90061 022 \*\*\*150.00

DOCUMENT # P01000057503

1. Entity Name

ICE MAGIC OF SOUTH EAST FLORIDA, INC.



Principal Place of Business

2164 NW 22ND COURT  
MIAMI FL 33142

Mailing Address

2164 NW 22ND COURT  
MIAMI FL 33142

2. Principal Place of Business

2164 NW 22nd Ct

Suite, Apt. #, etc.

3. Mailing Address

2164 NW 22nd Ct

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1113118

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLDERMAN, MEG  
225 CRANWOOD DR  
KEY BISCAVNE FL 33142

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HOLDERMAN, MEG R  
STREET ADDRESS 228 WESTWOOD DR  
CITY-ST-ZIP KEY BISCAVNE FL 33142

TITLE ST ☐ Delete  
NAME HOLDERMAN, DEAN A  
STREET ADDRESS 228 WESTWOOD DR  
CITY-ST-ZIP KEY BISCAVNE FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Holderman, Meg R  
STREET ADDRESS 225 Cranwood Drive  
CITY-ST-ZIP Key Biscayne FL 33149

TITLE S/T ☒ Change ☐ Addition  
NAME Holderman, Dean A  
STREET ADDRESS 225 Cranwood Dr  
CITY-ST-ZIP Key Biscayne FL 33149

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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 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:

Meg R. Holderman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2004

Date

305-635-8088

Daytime Phone #