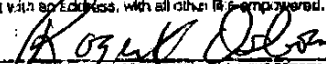


FILED
Mar 03, 2004 8:00 am
Secretary of State

02-17-2004 90033 039 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000093782			
1. Entity Name R.K.O. REFRIGERATION CORPORATION			
Principal Place of Business 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309 (K)		Mailing Address 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2377236		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name & Address of Current Registered Agent OSBORNE, ROGER 3601 WEST COMMERCIAL BLVD. SUITE 39 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code	
8. The above named agent agrees this state mark for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of			
SIGNATURE _____ Sign the agent of printed name of registered agent and file is applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, ROGER 3601 WEST COMMERCIAL BLVD. #39 FORT LAUDERDALE, FL 33309	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 (a) employees.			
SIGNATURE: 		3-2-04	
SIGNATURE AND TYPE ON PRINTED NAME OF S-ORING OFFICER OR DIRECTOR		Date / Month / Year	

66404267



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