


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P02000128017 1. Entity Name ABSOLUTE ZERO REFRIGERATION, INC.	
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03 OCT 14 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9354 SW 38 STREET Suite, Apt. #, etc.	3. Mailing Address 9354 SW 38 STREET Suite, Apt. #, etc.
City & State MIAMI, FLORIDA Zip 33165 Country	City & State MIAMI, FLORIDA Zip 33165 Country

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BONNIE SHILING	
	Street Address (P.O. Box Number is Not Acceptable) 9354 SW 38 STREET	
	City MIAMI	FL Zip Code 33165

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 *Bonnie Shiling* Bonnie Shiling 10/6/03
(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SHILING, BONNIE 9354 SW 38 STREET MIAMI, FLORIDA 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERNANDEZ, ANGEL F. 9354 SW 38 STREET MIAMI, FLORIDA 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie Shiling* BONNIE SHILING, DIRECTOR 10/06/2003 305-238-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

21 10/15

ABSOLUTE ZERO REFRIGERATION, INC.
9354 SW 38 STREET
MIAMI, FLORIDA 33165
(305)238-1336

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

~~RE: Corporation Number P02000128017~~

Attention Department of State:

I am enclosing 2003 UBR and a check in the amount of \$150.00. I am asking you to please eliminate the late filing penalty. Please note that I changed my address and did not receive your preprinted form. I assure you that this will not happen again in the future because I will timely prepare the UBR regardless of whether I receive it or not. I was able to find your website and will take advantage of all the resources offered, including the electronic filing and form download options.

Please note that we are a very small business (husband and wife) and the penalty amount represents a large sum of money to us. Thank you in advance for your help with this matter.

Sincerely,



Bonnie Shiling, President