

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000133623

1. Entity Name
TRANSHEAT-COLD, INC.



Principal Place of Business
**6619 SOUTH DIXIE HWY., STE. 169
MIAMI, FL 33143**

Mailing Address
**6619 SOUTH DIXIE HWY., STE. 169
MIAMI, FL 33143**



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0760110	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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000252118
03/05/05-80015-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DE LEDEBUR, JUAN C
STREET ADDRESS	6619 SOUTH DIXIE HWY., STE. 169
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	VSD
NAME	KOLF, ALFRED Z
STREET ADDRESS	6619 SOUTH DIXIE HWY., STE. 169
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN C DE LEDEBUR 3/1/05 305 301-3536