

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000126989

1. Entity Name
COOL TEAM SERVICES, INC.



Principal Place of Business
**163 CLEARY RD C-1
WEST PALM BEACH, FL 33413**

Mailing Address
**163 CLEARY RD C-1
WEST PALM BEACH, FL 33413**



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1192224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTBROOK, JONATHAN
13676 85TH RD N
WEST PALM BEACH, FL 33412**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000622293
02/13/07-80021-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WESTBROOK, JONATHAN
STREET ADDRESS	13676 85TH RD N
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	V
NAME	HO, PUI FAT
STREET ADDRESS	6212 NW 108 WAY
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	ST
NAME	WESTBROOK, LEE
STREET ADDRESS	750 B RD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 561 7188959
Date Daytime Phone #