## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2007 08:00 AM DOCUMENT # P03000142140 **Secretary of State** EDISON REFRIGERATION, INC. Principal Place of Business Mailing Address 1040 MCKINNON AVE 1040 MCKINNON AVE OVIEDO, FL 32765 OVIEDO, FL 32765 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2415905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARNEIRO, EDISON DO NOT WRITE 1040 MCKINNON AVE OVIEDO, FL 32765 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000583309 01/11/07-80067-004 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARNEIRO, EDISON NAME 1040 MCKINNON AVE STREET ADDRESS CITY-ST-ZIP **OVIEDO, FL 32765** CARNEIRO, DULCE NAME STREET ADDRESS 1040 MCKINNON AVE CITY-ST-ZIP OVIEDO, FL 32765 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 truesse 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

1102-9774377

**FILED**