

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90228 036 \*\*\*150.00

**DOCUMENT # P04000010244**

1. Entity Name  
**ICE ARENA OF KENDALL, INC.**



Principal Place of Business  
**10355 HAMMOCKS BLVD.  
MIAMI, FL 33196**

Mailing Address  
**10355 HAMMOCKS BLVD.  
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**2313 SW 57 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hollywood FL**

Zip

Country

Zip  
**33023**

Country  
**USA**

04052007

Chg-P

CR2E034 (12/06)

4. FEI Number

**APPLIED FOR 20-0646168**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIESENBERG, RICHARD  
644 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name  
**(First) Ernest (Last) Caparelli**

Street Address (P.O. Box Number is Not Acceptable)

**2313 SW 57 Terrace**

City  
**Hollywood**

**FL**

Zip Code  
**33023**

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]*

**Ernest Caparelli**

**4/4/07**

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CAPARELLI, ERNEST  
2313 SW 57TH TERR  
WEST HOLLYWOOD, FL 33023** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
EPSTEIN, SHLOMO  
3267 NE 168TH ST.  
NORTH MIAMI BEACH, FL 33160** ☐ 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

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 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]*

**Ernest Caparelli**

**4/4/07**

**9549260556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #