




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-31-2005 90001 030 ***150.00

DOCUMENT # P04000015867			
1. Entity Name COOL SERVICES INC			
Principal Place of Business 14340 SW 133 AVE MIAMI, FL 33186		Mailing Address 14340 SW 133 AVE MIAMI, FL 33186	
2. Principal Place of Business 14340 SW 133 Ave		3. Mailing Address 14340 SW 133 Ave	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State miami fl		City & State miami fl	
Zip 33186		Zip 33186	
Country EEUA		Country EEUA	
4. FEI Number 20-1374957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANDS, EDILIA 14340 SW 133 AVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANDS, EDILIA 14340 SW 133 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANDS, ANDRES 14340 SW 133 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *  		06-07-05 7866630355	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66022827



05182005 Chg-P CR2E034 (10/03)



66022827
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000015867

Business Entity Name

COOL SERVICES INC

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 14340 SW 133 AVE
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33186

Mailing Address

Address 14340 SW 133 AVE
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33186

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HANDS, EDILIA,

-or- RA Business Name

Address (PO Box is not acceptable) 14340 SW 133 AVE

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33186 US

If there is a change in registered agent, the new agent will need to type their name

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in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Esp

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title

P

Name (Last, First, Middle, Title) HANDS

EDILIA

-or- Entity Name

Street Address

14340 SW 133 AVE

City, State

MIAMI

, FL

Zip Code & Country

33186

Title

V

Name (Last, First, Middle, Title) HANDS

ANDRES

-or- Entity Name

Street Address

14340 SW 133 AVE

City, State

MIAMI

, FL

Zip Code & Country

33166

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country