

FILED
Jul 01, 2005 8:00 am
Secretary of State

05-02-2005 90434 048 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000049554			
1. Entity Name BELL COOLER AND DELIVERY, INC.			
Principal Place of Business 7230 NW 33 ST MIAMI, FL 33122		Mailing Address 7230 NW 33 ST MIAMI, FL 33122	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BAEZ, HENRY 51 E 89 ST HIALEAH, FL 33013		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 in printed name of registered agent and date if applicable. (Do not: Registered Agent signature required when representing)			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPT CARDET, JOAQUIN 51 E 59 ST ST HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BAEZ, HENRY 20 SW 108 AVENUE F4 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemption stated in Section 19.07(3)(b), 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: <i>Joaquin Cardet</i>		Date: <i>6/16/05</i>	
POSITION AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date: <i>6-27-05</i>	

66024062



04272005 Chg-F CR2ED34 (10/03)

4. FB Number **20-0886465** Applied For
Not Applicable

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