


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-01-2005 90017 030 ***150.00

DOCUMENT # P04000076569 1. Entity Name COOL RIMS, COME ROLL WITH US, INC.					
Principal Place of Business 7615 NW 27 AVE. MIAMI, FL 33147 US			Mailing Address 7615 NW 27 AVE. MIAMI, FL 33147 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOSEIN, IAN 3920 NW 196 STREET OPA-LOCKA, FL 33055				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSEIN, IAN		NAME		
STREET ADDRESS	3920 NW 196 STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL 33055		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSEIN, ERICA C		NAME		
STREET ADDRESS	3920 NW 196 STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL 33055		CITY-ST-ZIP		
TITLE	ECT. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, JEAN J		NAME		
STREET ADDRESS	150 NE 77 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ian Hosein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/05/2005 (305) 362-9139 <small>Date Daytime Phone #</small>		