


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 017 ***150.00

DOCUMENT # P04000159503 1. Entity Name CAT FREEZE INC.			
Principal Place of Business 612 NE 2ND AVENUE # 12 FT LAUDERDALE, FL 33304		Mailing Address 612 NE 2ND AVENUE # 12 FT LAUDERDALE, FL 33304	
2. Principal Place of Business 633 NE 2nd Avenue Suite, Apt. #, etc. 1		3. Mailing Address 633 NE 2nd Avenue Suite, Apt. #, etc. 1	
City & State FT LAUDERDALE, FL. Zip 33304 Country USA		City & State FT LAUDERDALE, FL. Zip 33304 Country USA	
4. FEI Number 83-0411891		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 SOUCY, MICHAEL 5121 SW 26 COURT HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name Gilles MORIN Street Address (P.O. Box Number is Not Acceptable) 633 NE 2nd Avenue #1 City FT-Lauderdale FL Zip Code 33304	
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: <u><i>Gilles Morin</i></u> - Gilles MORIN 04/28/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 MORIN, GILLES <input type="checkbox"/> Delete 612 NE 2ND AVENUE, # 12 FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	633 NE 2nd Avenue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #1 FT Lauderdale 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERGERON, JANO <input type="checkbox"/> Delete 612 NE 2ND AVENUE, # 12 FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	633 NE 2nd Avenue #1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FT LAUDERDALE 33304
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
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
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><i>Gilles Morin</i></u> - Gilles MORIN 04/28/05 954-588-6870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Gilles MORIN, President			