

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90088 026 \*\*\*158.75

DOCUMENT # P05000029532

1. Entity Name

ROSS ICE CREAM, INC.



Principal Place of Business

Mailing Address

~~1696 OLD OKEECHOBEE NO 3K~~  
WEST PALM BEACH FL 33409

~~1696 OLD OKEECHOBEE NO 3K~~  
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

2676 Holly Rd.  
Suite, Apt. #, etc.

2676 Holly Rd.  
Suite, Apt. #, etc.

City & State

W. Palm Beach, FL

Zip  
33406

Country

USA

City & State

W. Palm Beach, FL

Zip  
33406

Country

USA

4. FEI Number

161718385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAJALES, MYRIAM  
1696 OLD OKEECHOBEE NO 3K  
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	D	<input type="checkbox"/> Delete
NAME	GRAJALES, MYRIAM	
STREET ADDRESS	<del>1696 OLD OKEECHOBEE NO 3K</del> 2676 Holly Rd	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33409</del> W. P.B. FL 33406	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/04 561-3858249

Date

Daytime Phone #