

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90028 029 \*\*\*150.00

**DOCUMENT # P05000074005**

1. Entity Name  
**QUALITY REFRIGERATION SUPPLY INC.**



Principal Place of Business

**7108 N.W. 72 AVE.  
MIAMI, FL 33166**

Mailing Address

**7108 N.W. 72 AVE.  
MIAMI, FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-2879971**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ESCOTO, MIGUEL  
7108 N.W. 72 AVE.  
MIAMI, FL 33166**

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

Signature, typed or printed name of registered agent and title 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ESCOTO, MIGUEL  
11120 S.W. 36 ST.  
MIAMI, FL 33165** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
DELGADO, JOSE L  
4833 S.W. 148 PL.  
MIAMI, FL 33185** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Miguel Escoto** MIGUEL ESCOTO

**1-4-06 305 885 4299**

Date

Daytime Phone #