2008 FOR PROFIT CORPORATION

Feb 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000107235 REFRIGERATION & APPLIANCES BY GEORGE, CORP. Principal Place of Business Mailing Address 4591 WEST 10TH AVENUE 4591 WEST 10TH AVENUE HIALEAH, FL 33012 US HIALEAH, FL 33012 US No Chg-P 01252008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 25-1922807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMAS, JORGE L DO NOT WRITE 17145 SW 49 PL MIRAMAR, FL 33027 IN THIS SPACE 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 DATE (NOTE: Registered Agent stonature regulared when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LAMAS, JORGE L NAME 17145 S.W. 49 PL STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 TITLE ປີ00<u>00</u>00ຄາກິດເລ £,02408708-80046-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I nereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

786-287-1601

FILED