2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P07000119750 · | | | | | | FILED |
|---|--------------|---|---|---------------------------------------|--------------------|---|
| THE WINI | ICE, INC. | | | | 08 SEP -3 PM 5: 01 | |
| Principal Place of Business 426 NORTH EAST 13TH AVE. FT. LAUDERDALE, FL 33301 | | | Mailing Address 426 NORTH EAST 13TH AVE. FT. LAUDERDALE, FL 33301 | | | SEURLIARY OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal Pl | lace of Busi | ness No. P.O. Box # | 3. Mailing Address E 19th St | | | |
| 2. Principal Place of Business Nag O. Bax # Suite. Apt. #, elec | | | Suitg, Apt. #, eley | | | 09032008 Chg-P CR2E034 (12/06) |
| TCity&State 1 1 2 50 34 5 | | | FORT LAUDERDALE | | - / /- | 4. FEI Number |
| 70K/ | - | DERDALE Country | 7: | Country — | LE | Not Applicable \$8.75 Additional |
| <i>4</i> 333 | | 7-1 | 33503 | +1 | <u></u> | 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent |
| 6. Name and Address of Current Registered Agent POHL, FRANK H 426 NORTH EAST 13TH AVE. FT. LAUDERDALE, FL 33301 | | | | | DR ddress (| P. HENRY W. ZSCHAU (P.O. Box Number is Not Acceptable) NE 19 ⁴⁴ St App 3 (AUDERDALE, FL Zip \$305 |
| 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) PILE NOW!!! FEE IS \$150.00 DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | |
| 10. | | OFFICERS AND | | I 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 426 NOF | Z, IBRAHIM RTH EAST 13TH AVE. DERDALE, FL 33301 | ☐ Delete | TITLE NAME STREET ADORESS CITY-ST-ZIP | P 7 20 70 | POYRAZ, IBRAHIM Change Addition 14 NE 1944 St App 3 6RT LAUDERDALE, FL 33305 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | マカタティ | Change Addition R. HENRY W. 28CHAU 14 NE 19 Th St. App 3 RT LAUDERDALE, FL 33305 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - | 400135428794 09/05/0801046009 **950.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Oelete | NAME STREET ADDRESS CITY-SY-ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS 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 eport 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 trusted 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 Date Daytime Phone # | | | | | | |