


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000073507	
1. Entity Name COLD STORAGE, INC.	

Principal Place of Business 2900 NW 75 STREET MIAMI, FL 33147	Mailing Address 231 ELM STREET PERTH AMBOY, NJ 08861
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01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0472190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BREIT, RICHARD H ESQ. BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000147333  
05/03/04-80102-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALIH, JOHN J 30 HOAGLAND CT BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIACOPELLI, JOHN C 900 PALISADE AVENUE FORT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIACOPELLI, RICHARD C 16 WOODLANDS ROAD WOODCLIFF LAKE, NJ 07675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, JOSEPH 7 GREENWOODS ROAD OLD TAPPAN, NJ 07675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE: 4-21-04 DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR