## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P93000073507

Principal Place of Business

COLD STORAGE, INC.

1. Entity Name

Mailing Address

2900 NW 75 STREET MIAMI, FL 33147

231 ELM STREET PERTH AMBOY, NJ 08861

**FILED** 'May 04, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0472190

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREIT RICHARD HIESO

BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312			IN THIS SPACE		
the obligat	ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
THILE NAME STREET ADDRESS CITY - ST - ZIP	P GALIHER, JOHN J 30 HOAGLAND CT BRIDGEWATER, NJ 08807				U00000360662 05/05/05-80042-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIACOPELLI, JOHN C 900 PALISADE AVENUE FORT LEE, NJ 07024				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S GIACOPELLI, RICHARD C 16 WOODLANDS ROAD WOODCLIFF LAKE, NJ 07675			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	T SCOTT, JOSEPH 7 GREENWOODS ROAD OLD TAPPAN, NJ 07675		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					!
TITLE NAME STREET ADDRESS CITY SE TIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIG	NAT	URE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR