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May 16, 2008 8:00 am
Secretary of State
05-16-2008 90022 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016080

1. Entity Name
AMERICAN ICE COMPANY

DO NOT WRITE IN THIS SPACE

40103333

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
P.O. BOX 90662	P.O. BOX 901662	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: HOMESTEAD, FLORIDA	City & State: HOMESTEAD, FLORIDA	4. FEI Number: 65-0541406 ☐ Applied For ☐ Not Applicable
Zip: 33030 Country: USA	Zip: 33030 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: IXO VALDES

Street Address (P.O. Box Number is Not Acceptable): 1350 W MOWRY DRIVE

City: HOMESTEAD, FL Zip Code: 33030

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IXO VALDES
STREET ADDRESS	1350 W MOWRY DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/08 786-252-7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #