

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000046940

1. Entity Name

B.R.M. REFRIGERATION, INC.



FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90160 013 ***158.75

Principal Place of Business

Mailing Address

11841 S.W. 4TH ST.
MIAMI FL 33184

11841 S.W. 4TH ST.
MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0501305

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, BARTOLOME R
11841 S.W. 4TH ST.
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

4-26-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME MARTINEZ, BARTOLOME R
STREET ADDRESS 11841 S.W. 4TH STREET
CITY-ST-ZIP MIAMI FL 33184

TITLE S Delete
NAME FERNANDEZ, SALVADOR
STREET ADDRESS 11841 S.W. 4TH STREET
CITY-ST-ZIP MIAMI FL 33184

TITLE VP Delete
NAME MARTINEZ, JOHN
STREET ADDRESS 14386 SW 1CG-TER
CITY-ST-ZIP MIAMI FL 33177

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M Change Addition
NAME MADELYN S. MARTINEZ
STREET ADDRESS 15480 SW 591ST
CITY-ST-ZIP MIAMI, FL 33193

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (305)970-1201

Date

Daytime Phone #