# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000046940

1. Entity Name
B.R.M. REFRIGERATION, INC.

FILED
08 MAY 20 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 11841 S.W. 4TH ST.<br>MIAMI, FL 33184 | 11841 S.W. 4TH ST.<br>MIAMI, FL 33184 |

DO NOT WRITE IN THIS SPACE

05132008 No Chg-P CR2E034 (11/05)

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, MADELYN S
15480 S.W. 59 ST.
MIAMI, FL 33193

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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)

**FILE NOW!!! FEE IS $150.00**
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MARTINEZ, JOHN |
| STREET ADDRESS | 14386 SW 166 TERR |
| CITY-ST-ZIP | MIAMI, FL 33177 |
| TITLE | VP |
| NAME | FERNANDEZ, SALVADOR |
| STREET ADDRESS | 11841 SW 4 ST |
| CITY-ST-ZIP | MIAMI, FL 33184 |
| TITLE | D |
| NAME | MARTINEZ, MADELYN S |
| STREET ADDRESS | 15480 SW 59 ST. |
| CITY-ST-ZIP | MIAMI, FL 33193 |
| TITLE | S |
| NAME | MARTINEZ, NORMA C |
| STREET ADDRESS | 14386 SW 166 TERR |
| CITY-ST-ZIP | MIAMI, FL 33177 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

500130169725
05/23/08--01009--023 **150.00

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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 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:** _____ 4/1/08 (305) 970-1201
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

KS