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Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90004 020 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000092643

1. Entity Name
CARIBBEAN COLD STORAGE, INC.

54062231

Principal Place of Business	Mailing Address
1505 DENNIS STREET JACKSONVILLE, FL 32204 US	1505 DENNIS STREET JACKSONVILLE, FL 32204 US

07022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3283691
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, JULIE E
685 QUEENS HARBORS BLVD.
JACKSONVILLE, FL 32204

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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: Julie Robbins President 7-1-04
Individual, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBBINS, JULIE E
STREET ADDRESS	1505 DENNIS STREET
CITY ST ZIP	JACKSONVILLE, FL 32204
TITLE	V
NAME	ROBBINS, PAUL V
STREET ADDRESS	1505 DENNIS STREET
CITY ST ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

SIGNATURE: Julie Robbins 7-1-04 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #