

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 043 ***150.00

DOCUMENT # P95000080074

1. Entity Name

SOUTH FLORIDA ICES, INC.



Principal Place of Business

1090 N. FEDERAL HWY
HOLLYWOOD FL 33020
US

Mailing Address

P.O. BOX 221457
HOLLYWOOD FL 33022



2. Principal Place of Business

1090 N Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

Po Box 221457
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Hollywood Fla

City & State

Hollywood Fla

4. FEI Number

65-0646987

Applied For

Not Applicable

Zip

33020

Country

Broward

Zip

33022

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENGARTEN, SCOTT
2771 OCEAN CLBD BLVD BLDG 15 #04
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name **ROSENGARTEN SCOTT**
Street Address (P.O.-Box Number is Not Acceptable)
3401 Emerald Pt Dr # 103A
City **Hollywood** FL Zip Code **33021**

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-27-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **ST BAER, JERRY**
STREET ADDRESS **1211 POLK ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME **BAER, JERRY**
STREET ADDRESS **1211 POLK ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME **ROSENGARTEN, SCOTT**
STREET ADDRESS **2771 PECAN CLUB BLVD BLDG 15 #04**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3401 Emerald PT DR # 103A**
CITY-ST-ZIP **Hollywood Fla 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

954-921-6064

Daytime Phone #