

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-20-2008 90005 006 ***150.00

DOCUMENT # P95000080074 1. Entity Name SOUTH FLORIDA ICES, INC.	
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Principal Place of Business 1090 N. FEDERAL HWY HOLLYWOOD, FL 33020 US	Mailing Address P.O. BOX 221457 HOLLYWOOD, FL 33022
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DO NOT WRITE IN THIS SPACE

66014097



04252008 No Chg-P CR2E034 (11/05)

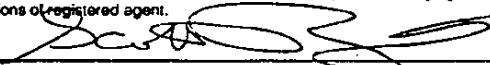
4. FEI Number 65-0646987	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSENGARTEN, SCOTT
3401 EMERALD DR. #103 A
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 4-28-08

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

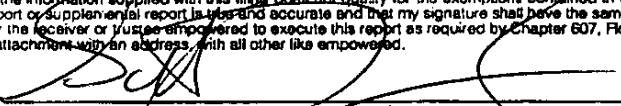
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAER, JERRY 1211 POLK ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAER, JERRY 1211 POLK ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENGARTEN, SCOTT 3401 EMERALD PT. DR. #103-A HOLLYWOOD, FL 33021
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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IN THIS SPACE**

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:  DATE 6-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR