


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 038 ***150.00

DOCUMENT # P95000082372

1. Entity Name
FLORIDA ICE ARENAS, INC.



Principal Place of Business
 12425 TAFT ST.
 PEMBROKE PINES, FL 33028

Mailing Address
 644 E. HALLANDALE BCH. BLVD.
 HALLANDALE, FL 33009 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2313 SW 57 Terrace
 Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33023

Country
USA



04052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

RIESENBERG, RICHARD
644 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

4. FEI Number
65-0714424

Applied For
 Not Applicable

7. Name and Address of New Registered Agent

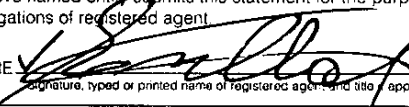
Name
Ernest Caparelli

Street Address (P.O. Box Number is Not Acceptable)
2313 SW 57 Terrace

City
Hollywood, FL

Zip Code
33023

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:  **Ernest Caparelli** DATE: **4/4/07**

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

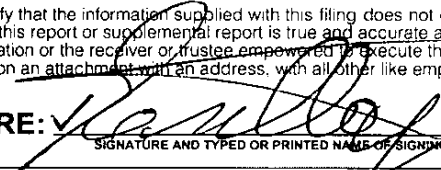
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ERNEST, CAPARELLI	<i>Name is Backwards</i>
STREET ADDRESS	2313 SW 57TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EPSTEIN, SHLOMO	
STREET ADDRESS	3267 NE 168TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest Caparelli	
STREET ADDRESS	2313 SW 57 Terrace	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Ernest Caparelli** DATE: **4/4/07** DAYTIME PHONE #: **954 962 0556**

(Signature and typed or printed name of signing officer or director)