## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Stat			
DOCUMENT # P96000015013  1. Entity Name PORT OF PALM COLD STORAGE, INC.							
1968 W 9TH ST 101	ing Address 16 CLEMONS STREET, SUITE PITER, FL 33477 US	400					
DO NOT WRITE IN THIS SPA			04122004 4. FEI Numbe 65-066	No Chg-P	CR2E034 (	and the state of the contract	
6. Name and Address of Current Registered Agent  DREW, MICHAEL  1016 CLEMONS STREET, SUITE 400  JUPITER, FL 33458			_	NOT W		·	
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE, Registered Agent Agen			or registered agent, or both, in the State of Florida. I am familiar with, and accept  Address of Florida. I am familiar with, and accept  DATE  \$5.00 May Be Added to Fees  100000117571 114/19/04-80029-011 150 00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OAS .		IN	NOT W ΓHIS SF	RITE	111 <u>150.00</u>	
STREET ADDRESS		l					

12. I hereby certify that the information supplied with this filling 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 tyle 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 appress, and valid other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

十-14-04 (与。) 743-800

Daytime Phone #