

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000041927</b>					
<b>1. Entity Name</b> FREEZE AIR CORP.					
<b>Principal Place of Business</b> 3653 S.W. 25 ST. MIAMI, FL 33133 US			<b>Mailing Address</b> 7001 W 35 AVE 192 HIALEAH, FL 33018 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04252006 Chg-P CR2E034 (11/05)	
<b>4. FEI Number</b> 65-0671877				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROSALES, REINEIRO 7001 W 35 AVE 192 HIALEAH, FL 33018			Name Street Address (P.O. Box Number is Not Acceptable) City		
ROSALES, REINEIRO 7001 W 35 AVE 192 HIALEAH, FL 33018			FL Zip Code		
<b>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.</b>					
SIGNATURE				DATE 4/29/06	
(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DPST	<b>NAME</b> ROSALES, REINEIRO		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
<b>STREET ADDRESS</b> 7001 W 35 AVE	<b>CITY-ST-ZIP</b> HIALEAH, FL 33018			000000562257 05/13/06-80048-006 150.00	
<b>TITLE</b> DV	<b>NAME</b> ROSALES, RENE		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
<b>STREET ADDRESS</b> 3653 SW 25 ST.	<b>CITY-ST-ZIP</b> MIAMI, FL 33133			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
SIGNATURE:				DATE 4/29/06 7863460881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	