

FILED
Apr 30, 2008 8:00 am
Secretary of State

DOCUMENT # P96000049583

THE MIAMI ICE MAN, INC.



1901 N 31ST AVE
HOLLYWOOD FL 33021
US

4970 SW 52 St

317

City & State Davie

| | |
|-------|---------|
| Zip | Country |
| 33314 | Broward |

4. FBI Number **65-0668368**

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|----------------|
| Not Applicable |
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| Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

BRANDENBURG, DRUE
1901 N 31ST AVE
HOLLYWOOD FL 33021

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRANDENBURG, DRUE | |
| STREET ADDRESS | 1901 N 31 AVE | |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | |

| TITLE NAME | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Delete |
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| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

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