2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069264

City-St-Zip:

DAVIE, FL 33331

FILED Feb 11, 2006 Secretary of State

Entity Name: MASTER REFRIGERATION INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8620 NW 64TH STREET BAY # 11 MIAMI, FL 33166			115 SW 135 AVE MIAMI, FL 33184		
Current M	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
PO BOX 557237 MIAMI, FL 33155			PO BOX 940205 MIAMI, FL 33194		
FEI Number:	65-0774200	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SANCHEZ, AMY LYNN 8620 NW 64TH STREET BAY #11 MIAMI, FL 33166 US			115 SW 135 AVE		
The above in the State	named entity of Florida.	submits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RITA M. SANCHEZ				02/11/2006	
		nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SANCHEZ, FEI 115 S.W. 135T MIAMI, FL 331	H AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (SANCHEZ, RIT 115 S.W. 135T MIAMI, FL 331	H AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SANCHEZ, RO 14930 FEATHE) Delete MAN ERSTONE WAY RDALE, FL 33331	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	SANCHEZ, AM) Delete Y L ERSTONE WAY	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROMAN SANCHEZ 02/11/2006 D