## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # P97000092192** 1. Entity Name A.C.'S ICEES, INC. Mailing Address Principal Place of Business 12279 SW 132ND COURT 12279 SW 132ND COURT MIAMI, FL 33186 MIAMI, FL 33186 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0794275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE COHEN, ALLAN 3600 ST. GARDENS ROAD IN THIS SPACE MIAMI, FL 33133 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, typed or printed name of registered agen) and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COHEN, ALLAN NAME STREET ADDRESS 3600 ST. GARDENS ROAD CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: 1

**FILED** 

Davime Phone #