

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000020266**

1. Entity Name  
**REFRIGERATED FACILITY CORP.**



Principal Place of Business  
**2900 N.W. 75TH STREET  
STE 208  
MIAMI, FL 33147**

Mailing Address  
**231 ELM STREET  
PERTH AMBOY, NJ 08861**

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0819800** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BREIT, RICHARD H  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **GALIER, JOHN J**  
STREET ADDRESS **30 HOAGLAND COURT**  
CITY - ST - ZIP **BRIDGEWATER, NJ 08807**

TITLE **D**  
NAME **GIACOPELLI, JOHN C**  
STREET ADDRESS **900 PALISADES AVE APT #2105**  
CITY - ST - ZIP **FORT LEE, NJ 07024**

TITLE **D**  
NAME **GIACOPELLI, RICHARD J**  
STREET ADDRESS **16 WOODLAND ROAD**  
CITY - ST - ZIP **WOODCLIFF LAKE, NJ 07675**

TITLE **D**  
NAME **SCOTT, JOSEPH T**  
STREET ADDRESS **7 GREENWOOD RD.**  
CITY - ST - ZIP **OLD TAPPAN, NJ 07675**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/05/05-80042-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_