

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000020270**

1. Entry Name  
**PREFERRED FREEZER SERVICES OF SOUTH FLORIDA,  
INC.**



Principal Place of Business  
**2900 N.W. 75TH ST  
MIAMI, FL 33147**

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

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0819798**

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 LAUDEDALE, 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
GIACOPELLI, RICHARD  
16 WOODLAND ROAD  
WOODCLIFFLAKE ROAD, NJ 07675**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UDD0000149151  
05/03/04-80176-013 150.00

**DO NOT WRITE  
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 #