


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000020270 1. Entity Name REFRIGERATED FACILITY CORP. OF SOUTH FLORIDA	
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Principal Place of Business 2900 N.W. 75TH ST MIAMI, FL 33147	Mailing Address 360 AVENUE P 3RD FLOOR NEWARK, NJ 07105
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03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819798	Applied For Not Applicable
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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 _____ (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, 2007 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	

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05/09/07-80017-011 300.00

**DO NOT WRITE
IN THIS SPACE**

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: Edward Morales Edward Morales 4/6/07 (973) 820-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #