


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000020270</b>	
1. Entity Name REFRIGERATED FACILITY CORP. OF SOUTH FLORIDA	

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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03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0819798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BREIT, RICHARD H 3111 STIRLING ROAD FORT LAUDEDALE, FL 33312
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/11/08-80029-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALIHER, 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	

**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 3/19/08 (973) 820-4052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #