


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000095679
 1. Entity Name
 FLORIDA ICE CORPORATION



Principal Place of Business Mailing Address
 13401 NW 38CT. 13401 NW 38CT.
 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054



DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0983001 Not Applicable

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

6. Name and Address of Current Registered Agent

VERDI, HECTOR
 4500 NW 183 ST
 MIAMI, FL 33055

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 VERDI, HECTOR 4500 NW 183RD STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, MARIA 4500 NW 183RD STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRA, MIGUEL 4500 NW 183RD STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/05-80053-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(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 007, Florida Statutes, and that my name appears in Disk 10 or Disk 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2.3.05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #