.2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

NG OFFICER OR DIRECTOR

Mar 02, 2004 08:00 AM Secretary of State DOCUMENT # S01032 1. Entity Name A & V REFRIGERATION CORP. Principal Place of Business Mailing Address 997 SE 12TH ST 997 SE 12TH ST HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0216241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COUGIL, SERVANDO 720 W 75TH ST HIALEAH FL 33014 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition COUGIL, SERVANDO NAME NAME **Unnonng73284** 12146 NW 90 CT. STREET ADDRESS STREET ADDRESS 93702704-80030**-003** 150. CITY-ST-ZIP MIAMI LAKES FL 33018 CITY - ST - ZIP Change ☐ Addition TITLE Delete TITLE RODRIGUEZ, ALFREDO NAME. NAME 9825 SW 75 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TOTLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-SY-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. (hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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

FILED

Daytime Phone #