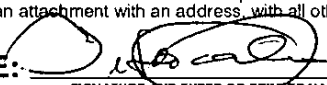


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 007 ***150.00

DOCUMENT # S01032 1. Entity Name A & V REFRIGERATION CORP.					
Principal Place of Business 997 SE 12TH ST HIALEAH FL 33010 US			Mailing Address 997 SE 12TH ST HIALEAH FL 33010 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0216241	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COUGIL, SERVANDO 720 W 75TH ST HIALEAH FL 33014			Name Rodriguez Alfredo Street Address (P.O. Box Number is Not Acceptable) 9825 SW 75 St City Miami FL Zip Code 33173		
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 RODRIGUEZ ALFREDO (P)  DATE 2/15/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUGIL, SERVANDO 12146 NW 90 CT. MIAMI LAKES FL 33018 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) ☒ Change ☐ Addition Cougil Servando 15146 NW 90 CT MIAMI LAKES FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ALFREDO 9825 SW 75 ST. MIAMI FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary (S) ☐ Change ☒ Addition Rodriguez Alfredo 9825 SW 75 ST MIAMI FL 33173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Change ☒ Addition Cougil Mercedes 15146 NW 90 CT MIAMI LAKES FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2/15/05 305-883-0733 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					