

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0216241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ALFREDO
9825 SW 75 ST
MIAMI, FL 33173**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**F
SERVANDO, COUGIL
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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RODRIGUEZ, ALFREDO
9825 SW 75 ST
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
COUGIL, MERCEDES
15146 NW 90 CT
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000456618
03/16/06-80034-023 150.00

**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 this 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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #