2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21463

Entity Name: TREASURE COAST ICE SYSTEMS INC

FILED Mar 27, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
408 FARMER'S MARKET ROAD FORT PIERCE, FL 34982				750 NW ENTERPRISE DRIVE PORT ST LUCIE, FL 34986		
Current Mailing Address:				New Mailing Address:		
408 FARMER'S MARKET ROAD FORT PIERCE, FL 34982				750 NW ENTERPRISE DRIVE PORT ST LUCIE, FL 34986		
FEI Number:	59-3055110	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MIRANDA, DON J 408 FARMERS MARKET RD. FORT PIERCE, FL 34982 US				MIRANDA, DON J 750 NW ENTERPRISE DRIVE PORT ST LUCIE, FL 34986 US		
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.						
SIGNATURE:				03/27/2009		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MIRANDA, DO	S MARKET RD.		Title: Name: Address: City-St-Zip:	MIRANDA, DO 750 NW ENTE	X) Change () Addition DN J. ERPRISE DRIVE DE, FL 34986
Title: Name: Address: City-St-Zip:	OV (FUNGONE, M 1124 SE PRO PT ST. LUCIE	CTOR LANE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	OS (MIRANDA, MIO 1130 SE PRO PT ST. LUCIE	CTOR LANE		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON J MIRANDA D 03/27/2009