

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468574

**FILED
Jan 16, 2009
Secretary of State**

Entity Name: TOTAL APPLIANCE & AIR CONDITIONING REPAIRS, INC.

Current Principal Place of Business:

1015 SW 10TH AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 70
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1570089 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLAXBERG, I. BARRY
25 SE 2ND AVENUE SUITE 730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: SOUTHARD, ROBERT,
Address: 1006 JEFFERSON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: PD () Delete
Name: SOUTHARD, ROBERT E
Address: 1109 NE 89 ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT SOUTHARD

PVD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date