

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90004 032 ***150.00

DOCUMENT # P01000075309



1. Entity Name
ADVANCE APPLIANCE INC.

Principal Place of Business
11521 SW 100 STREET
MIAMI, FL 33176

Mailing Address
11521 SW 100 STREET
MIAMI, FL 33176

54024419



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1125906

Applied For
 Not Applicable

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

| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
|---|--|--|--|--|--|-----------|--|
| GONZALEZ, IVAN 11521 SW 100 STREET MIAMI, FL 33176 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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, 2004 Fee will be \$550.00

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 | PTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, IVAN | NAME | | NAME | | NAME | |
| STREET ADDRESS | 11521 SW 100 STREET | STREET ADDRESS | | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33176 | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | | NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | | NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |

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: *[Signature]* **3/29/2004 (305) 274 9950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #