

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 044 ***150.00

DOCUMENT # P02000079025
1. Entity Name

Alex Appliance Solution, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6314 SW 147 PL Circle
Suite, Apt. #, etc.

3. Mailing Address
6314 SW 147 PL Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FLA

4. FEI Number
13-4205174

Applied For
Not Applicable

Zip Country
33193 USA

Zip Country
33193 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SALAZAR, Alexander

Street Address (P.O. Box Number is Not Acceptable)

6314 SW 147 Place Circle

City MIAMI FL Zip Code 33193

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P
NAME SALAZAR, Alexander
STREET ADDRESS 6314 SW 147 PLACE CIRCLE
CITY-ST-ZIP MIAMI, FL, 33193

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SALAZAR, ZULAYNE
STREET ADDRESS 6314 S.W. 147 PLACE CIRCLE
CITY-ST-ZIP MIAMI, FL, 33193

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alexander Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20/03 305-887-4185
Date Daytime Phone #

CR2E034B (12/02)