2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P02000114555

1. Entity Name

EDDIE SERVICE & REPAIR APPLIANCE INC.

Principal Place of Business	Mailing Address
10881 SW 6 ST #3 MIAMI FL 33174	10881 SW 6 ST #3 MIAMI FL 33174

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 30-0489587	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, EDUARDO S 10881 SW 6 ST #3 MIAMI FL 33174	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee Will Be $550.00** **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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME RODRIGUEZ, EDUARDO S STREET ADDRESS 10881 SW 6 ST #3 CITY-ST-ZIP MIAMI FL 33174		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000687879 04/10/07--80056-020 150.00	☐ Change ☐ Addition
TITLE **V** NAME RODRIGUEZ, GEMA STREET ADDRESS 10881 SW 6 ST #3 CITY-ST-ZIP MIAMI FL 33174		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _(Eduardo S. Rodriguez)_ 3/29/07 305-220-3397   786-234-1940

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