## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 22, 2007 8:00 am Secretary of State 03-22-2007 90013 007 \*\*\*150.00

DOCUMENT # P03000042943  1. Entity Name ALL MAJOR APPLIANCES, INC.					03-22-2007 90013 007 ***150.00					
Principal Place of Business		Mailing Address			60027370					
16600 SW 52 ST MIAMI, FL 33185		16600 SW 52 ST Miami, Fl. 33185				000~	_			
2 Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03202007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Number 52-2439305				plied For	
Zip	Country	Zip	Country		-	of Status Desired		\$8.75 Add		
<u></u>	6. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·			Address of New		Fee Require	d	
				Name						
DIAZ, ULI: 509 NW 1:	30 AVE		Street Address (			P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33182		<del></del>	• • •						
			City	•			FL	Zip Cod	e	
8. The above	a named entity submits this statement for the	ne purpose of changing its r	registered office or	r registere	ed agent, or both	n, in the State of F		lamiliar with.	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	<u> </u>	: Registered Agent signati			·····	DATE		<del>,</del>	
	.E NOWI!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri		\$5.0 Adde	00 May Be d to Fees					
10.	OFFICERS AND DI		11.	N.	ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE NAME	DIAZ, ULISES	☐ Delete	TITLE NAME	DIA	D z, ulise x sw. s	ي ر		Change	Addition A	
STREET ADDRESS CITY-ST-ZIP	509 NW 130 AVE		STREET ADDRESS	0 طاط ا	xó sw. s	2 St.				
TITLE	MIAMI, FL 33182	☐ Delete	CITY-ST-ZIP	MIA	MI, FL	23185		□ Change	Addition	
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STREET ADDRESS CITY-\$T-ZIP			STREET ADDRESS CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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, withjall other like empowered.

SIGNATURE: <

ENTED NAME OF SIGNING OFFICER OR DIRECTOR