2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AN Secretary of State

	AN	MUAL R	EFUNI	<u>, * </u>	Secretary	of State	
DOCUMENT # P0300000193				A PART			
1. Entity Name							
A.M.B. COMMERCIAL APPLIANCE SERVICE, INC.							
}		· 		No.			
Principal Plac	e of Business	M	ailing Address				
5955 NW 55	LN	5	955 NW 55 LN				
TAMARAC, FI	33319-2427	Ţ	AMARAC, FL 33319-2427				
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}		, - Mess					
DO NOT WRITE IN THIS SPACE					03232004 No Chg-P CR2E034 (10/03)		
				CE 4. FEI Number Applied For			
					45-0495098	Not Applicable	
					¢o'	75 Additional	
A						Required	
	6, Name and Addres	s of Current Regis	tered Agent	-	=		
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MONTIEL,		-			DO NOT WRITE	ļ	
5955 NW 55 LN				DO ROL WILL			
TAMARAC, FL 33319-2427					IN THIS SPACE	(
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8. The above named entity submitts 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, or both, in the state of Frontia. Tail ratifications are the obligations of registered agent, or both, in the state of Frontia. Tail ratifications are the obligations of registered agent, or both, in the state of Frontia.							
	/ N V/				3/27/0		
SIGNATURE_	<u> </u>	of registered agent and title	/NOTE Benieter	ed Agent signature required	when trinstaling) (DATE	Y	
<u></u>	Signature, typed if printed place	a redicterad agent and title	it appreciaties. NAO1E, regrado.	ed Agent signature requires	and removal and		
			9. Election Campaign Fina	ncina 45	00 May 8e	Į	
FIL	E NOW!!! FEE IS \$ ay 1, 2004 Fee will	150,00 ho \$550.00	Trust Fund Contribution		ed to Fees	}	
		<u> </u>		· <u>· · · · · · · · · · · · · · · · · · ·</u>		. 255	
10.		FICERS AND DIREC	CTORS	-		-	
TITLE	D			1		Ì	
NAME	MONTIEL, JOSE A			l .			
STREET ADDRESS	5955 NW 55 LN			1			
CHY-SI-ZIP	TAMARAC, FL 3331	92427	<u>. ,</u>	1		ĺ	
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NAME					03/29/04-80034-00	1 150.00	
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12, I hereby	certify that the information	supplied with this f	Ing does not qualify for the ex	emption stated in Se Mure shall have the	ction 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am a	at the information officer or director	
12. I hereby certify that the information supplied with his 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 frue 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 tiffs 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.							
Changed, or us an attachment with all autoress, with another nice employees.							
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