

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000086693

**Entity Name:** AM/PM APPLIANCE REPAIR INC.

**Current Principal Place of Business:**

4730  
BETELNUT STREET  
BOCA RATON, FL 33428

**Current Mailing Address:**

4730  
BETELNUT STREET  
BOCA RATON, FL 33428 US

**FEI Number: 36-4710283**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOMINGUEZ, DANIELA AMS  
4730  
BETELNUT STREET  
BOCA RATON, FL 33428 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MS  
Name DOMINGUEZ, DANIELA AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 33428

Title MS  
Name DANIELA, DOMINGUEZ AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 33428

Title MS  
Name DOMINGUEZ, DANIELA AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 33428

Title MS  
Name DANIELA, DOMINGUEZ AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 33428

Title MS  
Name DANIELA, DOMINGUEZ AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 33428

Title MS  
Name DANIELA, DOMINGUEZ AMS  
Address 4730 BETELNUT STREET  
City-State-Zip: BOCA RATON FL 32428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELA DOMINGUEZ**

**MS**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date