## 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: MAXIM TRUTENKO

Electronic Signature of Signing Officer/Director Detail

### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P16000066942

## Entity Name: ALLEGATOR APPLIANCE REPAIR SERVICES INC.

### **Current Principal Place of Business:**

500 THREE ISLANDS BLVD # 721A HALLANDALE, FL 33009

### **Current Mailing Address:**

500 THREE ISLANDS BLVD #721A HALLANDALE, FL 33009 US

### FEI Number: 81-3587766

### Name and Address of Current Registered Agent:

TRUTENKO, MAXIM 500 THREE ISLANDS BLVD #721A HALLANDALE, FL 33009 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

#### **Officer/Director Detail :**

Title PRES Name TRUTENKO, MAXIM 500 THREE ISLANDS BLVD, # 721A Address City-State-Zip: HALLANDALE FL 33009

Date

Certificate of Status Desired: No

FILED Jan 09, 2017 Secretary of State CC2847026239

01/09/2017 PRESIDENT

Date