

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90104 001 ***300.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # 274332 1. Entity Name APPLICA INCORPORATED			
Principal Place of Business 5980 MIAMI LAKES DR. MIAMI LAKES, FL 33014		Mailing Address 5980 MIAMI LAKES DR. MIAMI LAKES, FL 33014	
2. Principal Place of Business 3633 Flamingo Rd Suite, Apt. #, etc.		3. Mailing Address 3633 Flamingo Rd Suite, Apt. #, etc.	
City & State MIRAMAR FL		City & State MIRAMAR FL	
Zip 33027		Zip 33027	
Country USA		Country USA	
4. FEI Number 59-1028301		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARSTARPHEN, LISA R 5980 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name LISA R. CARSTARPHEN Street Address (P.O. Box Number is Not Acceptable) 3633 Flamingo Rd City MIRAMAR FL Zip Code 33027	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SCHULMAN, HARRY D 5980 MIAMI LAKES DR MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete → CPCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 3633 Flamingo Rd MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO POLISTINA, TERRY L 5980 MIAMI LAKES DR HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 3633 Flamingo Rd MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARSTARPHEN, LISA R 5980 MIAMI LAKES DR HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 3633 Flamingo Rd MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KAPLAN, ADAM 5980 MIAMI LAKES DR MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 3633 Flamingo Rd MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FRIEDSON, DAVID 5980 MIAMI LAKES DR MIAMI LAKES, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this 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 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: Lisa R. Carstarphen		Date 1/18/05 Daytime Phone # (954) 883-1025	