2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 11, 2005 08:00 AM **DOCUMENT # J02628 Secretary of State** 1. Entity Name A-1 APPLIANCE REPAIR, INC. Mailing Address Principal Place of Business 168 BILBAO ST. 168 BILBAO ST. ROYAL PALM BCH., FL 33411 ROYAL PALM BCH., FL 33411 03012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0037708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMBROGIO, DION DO NOT WRITE 168 BILBAO ST. ROYAL PALM BCH., FL 33411 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE AMBROGIO, DION NAME STREET ADDRESS 168 BILBAO ST. O23 150.00 CITY-ST-ZIP ROYAL PALM BCH., FL TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 pther like simpowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR