2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L21460

1. Entity Name
ASAP APPLIANCE REPAIR INC.

Principal Place of Business	Mailing Address
446 NE 210 CIR TERR #202 N MIAMI BEACH, FL 33179	446 NE 210 CIR TERR #202 N MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0182009	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AUMICK, CHARLES RICHARD
446 N.E. 210 CIR TERR #202
N MIAMI BEACH, FL 33179

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000033168 02/05/04-80032-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	AUMICK, CHARLES RICHARD
STREET ADDRESS	446 NE 216 CIR TERR #202
CITY-ST-ZIP	N MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: *Charles R. Aumick* CHARLES R. AUMICK PRESIDENT 2-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #