## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

| DOCUMENT # P00000107312  1. Entity Name NELSON APPLIANCE REFINISHING, INC.  |   |                                  |        |  | l t                       | 05-01-200               | 90232 011 ***1                  | .50.00         |
|---|---|----------------------------------|--------|--|---------------------------|-------------------------|---------------------------------|----------------|
| Principal Plac  | Mailing Address                           |                                  |        | 1  |                           |                         |                                 |                |
| P.O. BOX 840009   |   | P.O. BOX 840009                  |        | 19   | <b>p</b> 111              |                         |                                 |                |
| HOLLYWOOD, FL 33084   |   | HOLLYWOOD, FL 33084              |        |  |                           |                         |                                 |                |
|   |   |                                  |        |  | I ARTHER I                | atili palii adin sam at | IN AINM NAME ERNA MINI MANA AIR | 1133) II (336) |
| 2. Principal P  | lace of Business - No P.O. Box #          | 3. Mailing Address               |        |  |                           |                         |                                 |                |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.              |        | 01082008   | Chg-P                     | CR2E034 (12/06)         |                                 |                |
| City & State  |   | City & State                     |        |  | 4. FEI Numb<br>65-105     |                         | <del>  - +</del>                | oplied For     |
| Zip   | Country                                   | Zip                              | Count  |  |                           | of Status Desired       | ☐ \$8.75 Add                    | ditional       |
| -   | 6. Name and Address of Current            | Registered Agent                 |        | <del></del> _                                      | 7. Name and               | Address of New F        | Fee Require                     | <u>a</u>       |
|   |   |                                  |        | Name   |                           |                         | rogistists rigent               |                |
| TRAGER, ROSS  |   |                                  |        | Street Address (P.O. Box Number is Not Acceptable) |                           |                         |                                 |                |
| <del>-1000 N HIATUS RD</del><br><del>PEMBROKE PINES, FL -33026</del>  |   |                                  |        | MOLL SHER  | DAN STR                   | EET SUIT                | 世 # 310                         |                |
| *   |   |                                  |        |  |                           |                         |                                 |                |
|   |   |                                  |        | City   |                           |                         | FL Zip Cod                      |                |
| 8. The above named entity submits this statement for the purpose of changing its registered of  |   |                                  |        |  | City<br>red agent, or bo  | th, in the State of Flo | · -   1 1 1 U Z                 | and accept     |
| 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 220 8   |   |                                  |        |  |                           |                         |                                 |                |
| 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, 2008 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.  |   |                                  |        |  | .00 May Be<br>led to Fees |                         |                                 |                |
| 10.   | OFFICERS AND DIRECTORS                    |                                  |        |  | ADDITIONS                 | CHANGES TO OFF          | CERS AND DIRECTOR               | \$ IN 11       |
| TITLE   |   |                                  | TITU   | E  |                           |                         | ☐ Change                        | Addition       |
| name<br>Street address  | TETREAULT, WALTER NELSON  8441 NW 5TH ST  |                                  |        | - 1  |                           |                         |                                 |                |
| CITY-ST-ZIP   | 1 2 2 1 2 2 1 2 3 1 1 1 1 2 1             |                                  |        | ET ADORESS<br>- ST-ZIP                             |                           |                         |                                 |                |
| TITLE   | VP □ Delete TifL                          |                                  |        | E .  |                           |                         | ☐ Change                        | Addition       |
| NAME  | TETREAULT, LINDA S                        |                                  |        |  |                           |                         | onenge                          |                |
| STREET ADDRESS  | 1 *************************************   |                                  |        | ET ADDRESS   |                           |                         |                                 |                |
| CITY-ST-ZIP   |   |                                  | -      | - ST - ZIP   |                           |                         | ··· <u> </u>                    |                |
| TITLE<br>NAME -   | Delete TIT                                |                                  |        | <b>I</b>   |                           |                         | ☐ Change                        | ☐ Addition     |
| STREET ADDRESS  | 1   |                                  |        | ET ADDRESS   |                           |                         | <u> </u>                        | `              |
| CITY-ST-ZIP   |   |                                  |        | -ST-ZIP  |                           |                         |                                 |                |
| TITLE   | ☐ Delete Titt                             |                                  |        | E  |                           |                         | ☐ Change                        | Addition       |
| NAME  | NA  |                                  |        | <b>I</b>   |                           |                         |                                 |                |
| STREET ADDRESS CITY-ST-ZIP  |   |                                  |        | ET ADDRESS<br>-ST-ZIP                              |                           |                         |                                 |                |
| TITLE   | <del></del>                               | ☐ Delete                         | TITLE  |  |                           |                         | Change                          | ☐ Addition     |
| NAME  | NAA                                       |                                  |        | <b>I</b>   |                           |                         |                                 |                |
| STREET ADDRESS  |   |                                  |        | ET ADDRESS   |                           |                         |                                 |                |
| CITY-ST-ZIP   |   |                                  | +-     | -ST-ZIP  |                           |                         |                                 |                |
| TITLE<br>NAME   |   | ☐ Delete                         | TITLE  |  |                           |                         | ☐ Change                        | Addition       |
| STREET ADDRESS  |   |                                  |        | ET ADORESS   |                           |                         |                                 |                |
| CITY-ST-ZIP   |   |                                  | CITY   | -ST-ZIP  |                           |                         |                                 |                |
| 12. I hereby o  | ertify that the information supplied with | this filing does not qualify for | the ex | emptions contained                                 | t in Chanter 110          | Florida Statutos I      | further cortify that the in     | oformation.    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Prome &