

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000002371

**Entity Name:** LEGON APPLIANCE SERVICE, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10034 N.W. 129 TERRACE  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

10034 N.W. 129 TERRACE  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 65-1069108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEGON, RAFAEL  
10034 N.W. 129 TERRACE  
HIALEAH GARDENS, FL 33018    US

**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: LEGON, RAFAEL  
Address: 10034 NW 129 TERRACE  
City-St-Zip: HIALEAH GARDENS, FL 33018

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: RAFAEL LEGON

DPTS

03/15/2011

Electronic Signature of Signing Officer or Director

Date