

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90010 033 \*\*\*150.00

<b>DOCUMENT #</b> P01000079332
<b>1. Entity Name</b> A E SERVICE REPAIR CORP.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 220 SW 62 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 220 SW 62 AVE Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33144	<b>Country</b>	<b>Zip</b> 33144	<b>Country</b> DADE

40056368

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> ARMANDO ESTUPINAN	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 220 SW 62 AVE	
	<b>City</b> MIAMI	<b>Zip Code</b> 33144

**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**  **ARMANDO ESTUPINAN** **3/21/2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>P</b> ESTUPINAN, ARMANDO 220 SW 62 AVE MIAMI, FL 33012.-	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME <b>STREET ADDRESS</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **ARMANDO ESTUPINAN** **3/21/2008** **(305) 335-0644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**