2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ≤

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P020001C1736 02-27-2006 90086 013 ***150.00 VINICIO APPLIANCES & AIR CONDITIONING CORP. Principal Place of Business Mailing Address 2077 NW 107TH DRIVE CORAL SPRINGS FL 33071 2077 NW 107TH DRIVE CORAL SPRINGS FL 33071 2. Principal Place of Business 1042 NE 43 Court 3. Mailing Address <u>10790 CANYON BAY LANE</u> 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For BOYTON BEACH 51-0429183 la kland Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABREU, VINICIO Street Address (P.O. Box Number is Not Acceptable) 2077 NW 107TH DRIVE CORAL SPRINGS FL 33071 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE President ☐ Delete Change VINICIO ABREU 10790 CANYON BAY LANE ABREU, VINICIO NAME STREET ADDRESS 2077 NW 107TH DRIVE STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33071 CITY-ST-ZIP BOYTON BEACH, FL. 33437 SECRETARY /TREASURER TITLE ☐ Delete ☐ Addition XIOMARA ABREU ABREU, VINICIO NAME NAME 10790 CANYON BAY LAWE STREET ADDRESS 2077 NW 107TH DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP BOYTON BEACH , FL. 33437 TITLE ☐ Delete TITLE Change Addition MORONTA, RAFAEL A NAME STREET ADDRESS STREET ADDRESS 2210 NE 67TH STREET CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #