


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114317
 1. Entity Name
LUIS MARQUEZ APPLIANCE SERVICES, INC.



Principal Place of Business Mailing Address
15325 S.W. 53RD STREET **15325 S.W. 53RD STREET**
MIAMI, FL 33185 **MIAMI, FL 33185**

DO NOT WRITE IN THIS SPACE



4. FEI Number Applied For
04-3726935 Not Applicable

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

6. Name and Address of Current Registered Agent
MARQUEZ, LUIS A
15325 S.W. 53RD STREET
MIAMI, FL 33185

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARQUEZ, LUIS A 15325 S.W. 53RD STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000378114
 09/09/05-80006-010 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **September 05 - 2005** _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #