


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000114317

1. Entity Name
LUIS MARQUEZ APPLIANCE SERVICES, INC.



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

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 04-3726935 | Applied For <input type="checkbox"/> 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  DATE **04.30.2007**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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 | |

U00000759456
 05/24/07-80043-007 150.00

DO NOT WRITE IN THIS SPACE

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:  DATE **04-30-2007** (bas) **2291372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #