2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # PO	2000129700
1. Entity Name	
PLATERO APPLIANCES	SERVICE, CORP



Principal Place of Business

5315 SW 135 CT MIAMI, FL 33175 Mailing Address

5315 SW 135 CT MIAMI, FL 33175



DO NOT WRITE IN THIS SPACE

04252006	No Cha-P	CR2E034 (11/05)	

4. FEI Number 01-0758323 Applied For Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

0. N	ame and	Vaduess (or caneni	Kedistere	n Agent _

PLATER, HUMBERTO 5315 SW 135 CT MIAMI, FL 33175

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_	SIGNATURE Signature, typed or puritied name of registered agent and site if explicable (NOTE: Registered Agent elementary) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	gnia	\$5.00 May Be Added to Fees		
19.	OFFICERS AND DIREC	TORS				
NAME SIREE! ADDRESS CITY-ST-ZIP	PO PLATERO, HUMBERTO 5315 SW 135 CT MIAMI, FL 33175					
title Mamae Street address City-St-Zip					U88080548049 05/12/86-80050-086 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLS NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
HITLE NAME STREET ADORESS						

12. I hereby certify that the information supplied with this filling does not quality 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:

CITY-ST-ZPP
TITLE
NAME
STREET ADDRESS
GITY-ST-ZPP

SHEMILIAND EXCELLENT SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OTTICER OR DIRECTOR

Date

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