

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 014 ***150.00

DOCUMENT # P02000132601

1. Entity Name
AVEDO-ANGEL APPLIANCES CORP.



Principal Place of Business
9040 ABBOTT AVE
SURFSIDE, FL 33154

Mailing Address
9040 ABBOTT AVE
SURFSIDE, FL 33154

40050000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062006

Chg-P

CR2E034 (11/05)

4. FEI Number
30-0141064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVEDDO, ANGEL
9156 COLLINS AVE APT 210
MIAMI BEACH, FL 33154

Name **AVEDO ANGEL**

Street Address (P.O. Box Number is Not Acceptable)
9040 ABBOTT AVE

SURFSIDE FL 33154

City **SURFSIDE**

FL

Zip Code **33154**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D AVEDO, ANGEL**
STREET ADDRESS **9156 COLLINS AVE APT 210**
CITY-ST-ZIP **MIAMI BEACH, FL 33154**

TITLE ☒ Change ☐ Addition
NAME **D AVEDO ANGEL**
STREET ADDRESS **9040 ABBOTT AVE**
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

AVEDO-ANGEL APPLIANCES CORP

9040 ABBOTT AVENUE
SURFSIDE, FLORIDA 33154

40098587

July 6, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

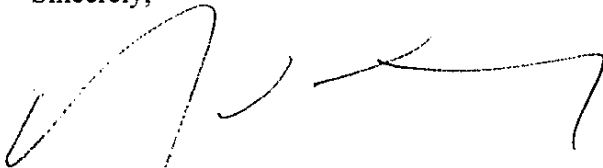
Re: Doc# P02000132601

To Who It May Concern:

We were surprised to receive your notice to dissolve our company, as we never received any prior notice to file the annual report. We are therefore requesting that you dismiss any additional charges, as we are not at fault.

We have enclosed the 2006 Annual Report, along with the \$150.00 fee required. Thank you for your assistance with this matter and if you have any further questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Angel Avedo', with a long horizontal stroke extending to the right.

Angel Avedo
President