

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115417

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** APPLIANCE LIQUIDATORS OF CENTRAL FLORIDA I, INC.

**Current Principal Place of Business:**

2032-5 S. RIDGEWOOD AVENUE  
S. DAYTONA, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

397 N. HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 20-0322638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESNICK, DAVE  
96 WILLIARD STREET  
SUITE 302  
COCOA, FL 32922 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PAK, SAM  
Address: 397 N. BABCOCK STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: DVP ( ) Delete  
Name: SALMON, MARK  
Address: 396 N. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: DTS ( ) Delete  
Name: PAK, EUN BEE  
Address: 397 N. BABCOCK STREET  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SAM PAK

DP

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date