


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 008 ***150.00

DOCUMENT # P03000138896		
1. Entity Name MARRERO APPLIANCES SERVICE INC.		

Principal Place of Business 6095 WEST 18 AVENUE APT. S-315 HIALEAH, FL 33012	Mailing Address 6095 WEST 18 AVENUE APT. S-315 HIALEAH, FL 33012
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50048244

2. Principal Place of Business 9441 EVERGREEN PLACE Suite, Apt. #, etc. # 202 City & State FORT LAUDERDALE, FL Zip 33324 Country US	3. Mailing Address 9441 EVERGREEN PLACE Suite, Apt. #, etc. # 202 City & State FORTLAUDERDALE, FL Zip 33324 Country US
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02222005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0425034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARRERO, LUIS 6095 WEST 18 AVENUE APT. S-315 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name MARRERO, LUIS Street Address (P.O. Box Number is Not Acceptable) 9441 EVERGREEN PLACE # 202 City FORT LAUDERDALE FL Zip Code 33324
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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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, LUIS 6095 WEST 18 AVENUE #S-315 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARRERO, LUIS 9441 EVERGREEN PLACE #202 FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Luis Marrero

Date

Daytime Phone #

04/27/05 3053457775