


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000053142
 1. Entity Name
 RC APPLIANCES, CORP.



Principal Place of Business
 420 NW 40TH CT
 MIAMI, FL 33126

Mailing Address
 420 NW 40TH CT
 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

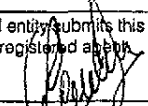
| | |
|---|--------------------------------|
| 4. FEI Number 20-0937372 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARDENAS, RAFAEL
 420 NW 40TH CT
 MIAMI, FL 33126

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: 04/26/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000545781
 05/11/06-80087-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARDENAS, RAFAEL 420 NW 40TH CT. MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CERVETTO, ISABEL I 420 NW 40TH CT. MIAMI, FL 33126 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: 04/26/06 DAYTIME PHONE #: 305-710-0548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR