

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000148525**

1. Entity Name  
**GUERENDIAN APPLIANCE CORP.**



**FILED**

**08 SEP 19 PM 2:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6738 SW 12 STREET  
MIAMI, FL 33144**

Mailing Address

**6738 SW 12 STREET  
MIAMI, FL 33144**



09182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1661028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUERENDIAN, ORLANDO  
6738 SW 12 STREET  
MIAMI, FL 33144**

**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, 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 12, 2008**

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

TITLE	PST
NAME	GUERENDIAN, ORLANDO
STREET ADDRESS	6738 SW 12 STREET
CITY - ST - ZIP	MIAMI, FL 33144
TITLE	V
NAME	FIGUEROA, ADOLFINA
STREET ADDRESS	6738 SW 12 STREET
CITY - ST - ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**300136517339**  
**10/01/08--01017--010 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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 #