

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000072522

FILED  
Mar 12, 2007  
Secretary of State

Entity Name: A.P.M. APPLIANCES SERVICES, CORP

## Current Principal Place of Business:

851 EAST 40 ST #1  
HIALEAH, FL 33013

## New Principal Place of Business:

4337 WEST 11 LANE  
HIALEAH, FL 33012

## Current Mailing Address:

851 EAST 40 ST #1  
HIALEAH, FL 33013

## New Mailing Address:

4337 WEST 11 LANE  
HIALEAH, FL 33012

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTELLES MERIDA, AMADA  
4337 W 11TH LANE  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.  
465 S. VOLUSIA AVE.  
SUITE C  
ORANGE CITY, FL 32763 US

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: DEVIN NEWMAN ASST. SECRETARY  
Electronic Signature of Registered Agent

03/12/2007  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PORTELLES MERIDA, AMADO  
Address: 4337 W 11TH LANE  
City-St-Zip: HIALEAH, FL 33012

Title: DV ( ) Delete  
Name: NEGRIN, ODAIMY  
Address: 4337 W 11TH LANE  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AMADO PORTELLES  
Electronic Signature of Signing Officer or Director

P  
03/12/2007  
Date