


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90035 021 ***150.00

DOCUMENT # P05000109923 1. Entity Name E.M.S. APPLIANCES SERVICE, INC.					
Principal Place of Business 601 FISHERMANS TRL KEY LARGO, FL 33037			Mailing Address 601 FISHERMANS TRL KEY LARGO, FL 33037		
2. Principal Place of Business <i>2767 SW 25th Terrace</i>		3. Mailing Address <i>2767 SW 25th Terrace</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami, Florida</i>		City & State <i>Miami, FL</i>		4. FEI Number <i>20-3294044</i>	
Zip <i>33133</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33133</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRIQUE URIEL MONTESINOS SAUCEDA 601 FISHERMANS TRL KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ENRIQUE URIEL MONTESINOS SAUCEDA <input type="checkbox"/> Delete 601 FISHERMANS TRL KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATUS, MANUEL ANTONIO <input checked="" type="checkbox"/> Delete 601 FISHERMANS TRL KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Dominguez, Olga Maria <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2767 SW 25th Terrace</i> <i>Miami, FL 33133</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dominguez, Olga Maria <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>2767 SW 25th Terrace</i> <i>Miami, FL 33133</i>	
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 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: <i>E. Montesinos</i>			01-19-06 786-355 1880		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		