

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90154 002 \*\*\*150.00

<b>DOCUMENT # P05000113731</b>																																																																																																					
<b>1. Entity Name</b> A.S.A.P. APPLIANCE PARTS, INC.																																																																																																					
<b>Principal Place of Business</b> 11359 TORCHWOOD COURT WELLINGTON, FL 33414			<b>Mailing Address</b> 11359 TORCHWOOD COURT WELLINGTON, FL 33414																																																																																																		
<b>2. Principal Place of Business</b> 1100 N FLORIDA MANGO RD		<b>3. Mailing Address</b> 1100 N FLORIDA MANGO RD																																																																																																			
Suite, Apt. #, etc. UNIT H		Suite, Apt. #, etc. UNIT H		04262006      Chg-P      CR2E034 (11/05)																																																																																																	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		<b>4. FEI Number</b> 20-3243548																																																																																																	
Zip 33409		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>  CORTEZ, CARLOS E 11359 TORCHWOOD COURT WELLINGTON, FL 33414			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1100 N FLORIDA MANGO RD UNIT H City WEST PALM BEACH <b>FL</b> Zip Code 33409																																																																																																		
<b>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.</b>																																																																																																					
SIGNATURE			CARLOS CORTEZ      4/26/06																																																																																																		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">P CORTEZ, CARLOS E</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">PD CARLOS E CORTEZ</td> <td style="width: 30%; padding: 5px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">11359 TORCHWOOD COURT</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1100 N FLORIDA MANGO RD, UNIT H</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">WELLINGTON, FL 33444</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">WEST PALM BEACH FL 33409</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P CORTEZ, CARLOS E	<input type="checkbox"/> Delete	TITLE	PD CARLOS E CORTEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	11359 TORCHWOOD COURT		STREET ADDRESS	1100 N FLORIDA MANGO RD, UNIT H		CITY-ST-ZIP	WELLINGTON, FL 33444		CITY-ST-ZIP	WEST PALM BEACH FL 33409		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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<b>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.</b>																																																																																																					
<b>SIGNATURE:</b>			CARLOS CORTEZ 4/26/06      561-615-7278																																																																																																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																					