## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P05000113731  1. Entity Name A.S.A.P. APPLIANCE PARTS, INC.							<b>^</b>		90154 002 ***15	
Principal Place of Business Mailing Address							'-			
11359 TORCHWOOD COURT 11359 TORCHWOOD COU WELLINGTON, FL 33414 WELLINGTON, FL 33414										
Principal Place of Business     3. Mailing Address					<u> </u>					
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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 BEA		<del></del>	FL	4. FEI Numbe 20 – 3	3243548		pplied For ot Applicable
Zip 33409	Country		<sup>Zip</sup> 33409	Coun	try		5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir	
	6. Name and Addre	ss of Current Re	egistered Agent			•	7. Name and	Address of New F	Registered Agent	
CORTEZ, CARLOS E					Name					
11359 TORCHWOOD COURT					SI 1966 doise (P.C. BOX Number is MANCEO Bladle) D					
WELLINGTON; FL 33414				:	UNIT H					
					WEST PALM BEACH FL Zin 23409			409		
8. The above	named entity submits th	nis statement for the	he purpose of changing its	registere	ed office or	register	ed agent, or bot	th, in the State of Flo		
the obligations of legislar dagent.  CARLOS CORTEZ 4/26/06										
SIGNATURE CARLOS CURTEZ 4/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  DATE										
After May 1, 2006 Fee will be \$550.00 Trust Fund Co										
			9. Efection Campai Trust Fund Contr	_	ncing		00 May Be ed to Fees			
After Ma	ay 1, 2006 Fee wi		Trust Fund Contr	ibution.		Add	ed to Fees	CHANGES TO OFF	FICERS AND DIRECTOR	
After Ma	ay 1, 2006 Fee wi	II be \$550.00	Trust Fund Contr	ibution.		PD CAR	ADDITIONS/	CORTEZ	X Change	Addition
After Ma	ay 1, 2006 Fee wi	FFICERS AND DI	Trust Fund Contr	11. TITLE NAM! STRE		PD CAR 110	ADDITIONS/	CORTEZ ORIDA MAN		Addition
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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 rise empowered.

CARLOS CORTEZ

4/26/06 561-615-7278

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

561-615-7278

Daytime Phone #