## FILED Mar 21, 2008 8:00 am **Secretary of State**

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•	ANNUAL REPO	ORT

**DOCUMENT # P05000122871** 03-21-2008 90014 042 \*\*\*158.75 LAGUARDIA APPLIANCES SERVICES GROUP, INC. 46043300 Mailing Address Principal Place of Business 2877 W 73RD TERR 2877 W 73RD TERR MIAMI, FL 33016 MIAMI, FL 33016 3. Mailing Address
2885 West 73 Terr 2. Principal Place of Business - No P.O. Box # 2885 WEST 73 TELL. Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 1ami Midmi 20-3468372 Not Applicable Bountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Andres Laquarcha DIAZ, OSVALDO J Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155 2885 West 73 Terr. 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 agents (NOTE: Flegistered Agent signature required when reinstating) \$5.00 May Bo Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE andres Laguardia LAGUARDIA, ANDRES NAME NAME 2885 Wes- 73 Terr. 2877 W 73RD TERR STREET ADDRESS STREET ADDRESS Miami, FC, 33018 CITY-ST-ZIP MIAMI, FL 33016 CITY-ST-ZIP Maria C Laguerdia 2885 West 73 Terr. TITLE ☐ Delete TITLE ₽¶-Change ☐ Addition LAGUARDIA, MARIA I NAME NAME STREET ADDRESS 2877 W 73RD TERR STREET ADDRESS Miami, FL. 33018 CITY-ST-ZIP MIAMI, FL 33016 CITY-ST-ZIP Andrews Loguardian 2885 West 73 Tell. TITLE 🔀 Change ☐ Addition TITLE ☐ Delete LAGUARDIA, ANDREWS NAME NAME STREET ADDRESS 2877 W 73RD TERR STREET ADDRESS MIAMI, FL 33016 CITY-ST-ZIP CITY-ST-71P Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE . Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 oddress, with all other like empowered. **SIGNATURE:** -BIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR