## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000122871

Entity Name: LAGUARDIA APPLIANCES SERVICES GROUP, INC.

**FILED** May 06, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

2885 WEST 73 TERR. 6975 WEST 16 AVE HIALEAH, FL 33018

121

HIALEAH, FL 33014

**Current Mailing Address: New Mailing Address:** 

2885 WEST 73 TERR. 6975 WEST 16 AVE HIALEAH, FL 33018

HIALEAH, FL 33014

FEI Number: 20-3468372 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAGUARDIA, ANDRES LAGUARDIA, ANDRES 2885 WEST 73 TERR. 6975 WEST 16 AVE MIAMI, FL 33018 MIAMI, FL 33014 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: ANDRES LA GUARDIA 05/06/2009

> Electronic Signature of Registered Agent 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:

() Delete Title: (X) Change ( ) Addition

LAGUARDI, ANDRES LAGUARDI, ANDRES Name: Name: 2885 WEST 73 TERR. 6975 W 16 AVE APT 121 Address: Address: City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI, FL 33014

Title: VSTD Title: VSTD (X) Change ( ) Addition () Delete LAGUARDIA, MARIA I LAGUARDIA, MARIA I Name: Name:

2885 WEST 73 TERR. 6975 W 16 AVE APT 121 Address: Address: MIAMI, FL 33018 MIAMI, FL 33014 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: PD PD (X) Change ( ) Addition

LAGUARDIA, ANDREWS Name: LAGUARDIA, ANDREWS Name: 2885 WEST 73 TERR. 6975 W 16 AVE APT 121 Address: Address: City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: ANDRES LA GUARDIA PD 05/06/2009