# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2009**
**Secretary of State**

DOCUMENT# P05000146179

**Entity Name:** A2Z APPLIANCE SERVICES, CORP

**Current Principal Place of Business:**

22100 MAGESTIC WOODS WAY
BOCA RATON, FL 33428

**New Principal Place of Business:**

7965 PARSONS PINE DRIVE
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

22100 MAJESTIC WOODS
BOCA RATON, FL 33428 US

**New Mailing Address:**

7965 PARSONS PINE DRIVE
BOYNTON BEACH, FL 33437

**FEI Number: 84-1693270** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

AHMED, AHMED A
22100 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

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

AHMED, AHMED A
7965 PARSONS PINE DRIVE
BOYNTON BEACH, FL 33437 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: 02/08/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: AHMED, AHMED A
Address: 22100 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete
Name: HASHAM, SAJIDA A
Address: 22100 MAJESTIC WOODS WAY
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: AHMED, AHMED A
Address: 7965 PARSONS PINE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP (X) Change ( ) Addition
Name: HASHAM, SAJIDA A
Address: 7965 PARSONS PINE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

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: AHMED A AHMED P 02/08/2009
Electronic Signature of Signing Officer or Director — Date