

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90014 049 \*\*\*150.00

DOCUMENT # P06000055957

1. Entity Name  
SPAZIO DI CASA APPLIANCES, INC.



Principal Place of Business  
5401 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

Mailing Address  
~~5401 N. FEDERAL HIGHWAY~~  
~~FORT LAUDERDALE, FL 33308~~ US

3236 NE 4th St.  
POMPANO BEACH, FL  
33062



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4726435

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GLICKMAN, DAVID  
~~11187 NW 78TH COURT~~  
~~PARKLAND, FL 33076~~  
3236 NE 4th St.  
POMPANO BEACH, FL  
33062

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLICKMAN, DAVID 40910 NW 78 PLACE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS NAJJAR, GEORGE 22861 HARROW WOOD CT. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NAJJAR, JEAN 22861 HARROW WOOD CT. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 or 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.

SIGNATURE: *David Glickman* David Glickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08

Date

954612-2612

Daytime Phone #