

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90096 004 ***150.00

DOCUMENT # P06000091091 1. Entity Name GABE'S APPLIANCE SERVICE, INC.			
Principal Place of Business 2969 RIVERSIDE DRIVE CORAL SPRINGS FL 33065		Mailing Address 2969 RIVERSIDE DRIVE CORAL SPRINGS FL 33065	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Country USA	
4. FEI Number 205193546		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAMER, EDWIN L 3801 N. UNIVERSITY DRIVE #311 SUNRISE FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 3-17-07	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME QUIROGA, GABRIEL	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 2969 RIVERSIDE DRIVE		STREET ADDRESS	
CITY - ST - ZIP CORAL SPRINGS FL 33065		CITY - ST - ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.			
SIGNATURE: 		DATE 3-17-07	
SIGNATURE AND TITLE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR		DATE	