2007 FOR PROFIT CORPORATION

Feb 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000099809 PALM BEACH AREA APPLIANCE SERVICE, INC 40016902 Principal Place of Business Mailing Address 907 FAIRVIEW STREET 907 FAIRVIEW STREET LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 907 FAIRVIEW STREET LAKE WORTH, FL 33461 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, RICHARD NAME 907 FAIRVIEW STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition 201ta, Giuliana PERALTA, GUILIANA S NAME NAME STREET ADDRESS 907 FAIRVIEW STREET STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 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-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 it 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.

bulara/Teralla SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02/12/07

FILED