


FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

pg 1 of 2

DOCUMENT # **P08000042904**

1. Entity Name **G & A APPLIANCES A/C REPAIRS INC**



FILED

10 APR 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

7920 NORB HILL RD 106 TAMPA FL-33321 **same**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



REINSTATEMENT 09-10

4. FEI Number **26-2510698** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GUSTAVO A. LOPEZ
7920 NORB HILL RD 106
TAMPA FL-33321

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 P NAME GUSTAVO A. LOPEZ <input type="checkbox"/> Delete STREET ADDRESS 7920 NORB HILL RD 106 CITY-ST-ZIP TAMPA FL-33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/30/10--01046--001 **300.00 700179437327
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  **4-7-10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/3

2062

G & A APPLIANCES A/C REPAIRS INC
7920 NOB HILL RD 106
TAMARAC FL 33321

MARCH 20 2010

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: G & A APPLIANCES A/C REPAIRS year 2009-2010

Dear Sir or Madam:

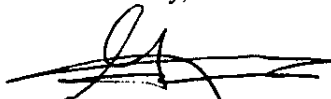
Please be advised that the above mentioned uniform business reports were never
Received for timely submission.

Therefore, we are requesting that the delinquent fees be waive, and that the
Corporation is allowed to submit a second annual report with the corresponding fee of
\$ 150.00 per year.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,



Gustavo A Lopez
President

GL/aj