## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P93000086925

1. Entity Name

DADÉ APPLIANCE & AIR CONDITIONING CORP.



**FILED** Mar 08, 2004 08:00 AN Secretary of State

Principal Place of Business

4248 NW 72TH AVE MIAMI, FL 33166 US Mailing Address

14331 S.W. 38TH TERRACE MIAMI, FL 33175



## DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01072004 No Chg-P Applied For 4. FEI Number 65-0455150 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FAJARDO, JOSE A 14331 S.W. 38TH TERRACE MIAMI, FL 33175

SIGNATURE: 5

## 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 regretered agent and title # applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			k.,,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAJARDO, JOSE A 14331 S.W. 38TH TERRACE MIAMI, FL 33175				v -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAJARDO, VIVIAN M 14331 S.W. 38TH TERRACE MIAMI, FL 33175				U00000080370 03/08/04-80106-002 150.00
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ACCIRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 elepon 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 enraddress, with all other like empowered.					