FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000059964

1. Entity Name
VACUUM CLEANER MART OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
9564 NW 52 MANOR SUNRISE, FL 33351	9564 NW 52 MANOR SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0489526
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, JAMES G
9564 NW 52 MANOR
SUNRISE, FL 33351

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ALVAREZ, RENEE G
STREET ADDRESS	9564 NW 52 MANOR
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	DVS
NAME	ALVAREZ, JAMES G
STREET ADDRESS	9564 NW 52 MANOR
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80208-012 150.00

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12. I hereby certify that the information supplied with this filing 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 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: James G Alvarez 4-29-04 954-763-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #