


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000085601**  
1. Entity Name  
AROUND THE CLOCK APPLIANCE, INC.



Principal Place of Business      Mailing Address  
16361 NW 57 AVENUE      16361 NW 57 AVENUE  
HIALEAH, FL 33014      HIALEAH, FL 33014

**DO NOT WRITE IN THIS SPACE**



01172005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0536000      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PLASENCIA, BELGRABE  
16361 NW 57 AVENUE  
HIALEAH, FL 33014

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLASENCIA, BELGRABE
STREET ADDRESS	16361 NW 57 AVE
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	VD
NAME	TOBON, WILLIAM
STREET ADDRESS	12789 N.W. 103 AVE.
CITY - ST - ZIP	HIALEAH GARDENS, FL 33018
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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04/18/05-80023-009 150.00

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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: Plasencia Belgrabe / Belgrabe Plasencia 4/1/05 (305) 970-6402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #