


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90077 044 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**11600 NW 54 Avenue**      **11600 NW 54 Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Unit # 3**      **Unit # 3**

City & State      City & State  
**Miami, FL 33014**      **Miami Florida**  
 Zip      Country      Zip      Country  
**33014**      **USA**      **33014**      **USA**



03282007      Chg-P      CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent  
 Name **Belgrabe Plascencia**  
 Street Address (P.O. Box Number is Not Acceptable) **11600 NW 54 Avenue unit #3**  
 City **miami**      FL      Zip Code **33014**

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 *Belgrabe*      DATE **3/28/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	PLASENCIA, BELGRABE	16361 NW 57 AVE	MIAMI, FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Belgrabe*      Date **3/28/07**      Daytime Phone # **(305) 556-7667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #