

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020995

Entity Name: APPLIANCE WORLD, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

3355 LAKE WORTH RD.
UNIT 4
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

3355 LAKE WORTH RD.
UNIT 4
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0568473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMOES, ALCIDES
3355 LAKE WORTH ROAD
SUITE 4
LAKEWORTH, FL 33461 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMOES, ALCIDES
Address: 3355 LAKE WORTH ROAD #4
City-St-Zip: LAKE WORTH, FL 33461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMOES, ALCIDES
Address: 3355 LAKE WORTH ROAD #4
City-St-Zip: LAKE WORTH, FL 33461 PB

Title: VP () Change (X) Addition
Name: SIMOES, ALEXSANDRA
Address: 3355 LAKE WORTH ROAD # 4
City-St-Zip: LAKE WORTH, FL 33461 PB

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALCIDES SIMOES

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date