


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000092024</b> 1. Entity Name PRIETO APPLIANCES SUPPORT, INC.	
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Principal Place of Business 15048 SW 173RD TERRACE MIAMI, FL 33187 US	Mailing Address 15048 SW 173RD TERRACE MIAMI, FL 33187 US
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**DO NOT WRITE IN THIS SPACE**



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0617778	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PRIETO, ERNESTO E 15048 SW 173RD TERRACE MIAMI, FL 33187	<b>DO NOT WRITE IN THIS SPACE</b>
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6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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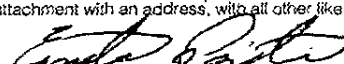
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIETO, ERNESTO E 15048 SW 173RD TERRACE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIETO, FATIMA 15048 SW 173RD TERRACE MIAMI, FL 33187
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07/30/04-80001-001 163.75

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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)(g), 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.

<b>SIGNATURE:</b> 	<b>2/23/04 (305) 251-8741</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>