2004 FOR PROFIT CORPORATION

## **FILED** Feb 19, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P96000055262 1. Entity Name AFFORDABLE REBUILT APPLIANCES WAREHOUSE INC Principal Place of Business Mailing Address 2100 N. FEDERAL HIGHWAY 2100 N. FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2815 Monroc CR2E034 (11/03) 4. FEI Number Applied For 65-0554458 Not Applicable Country Browned \$8.75 Additional 5. Certificate of Status Desired POWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBERS, PHILLIP Number is Not Acceptable) 2100 N. FEDERAL HIGHWAY MAD TOC **HOLLYWOOD FL 33020** 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. the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change. ■ Addition Delete Albers, Phillip NAME ALBERS, PHILLIP NAME 2100 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Delete Change ... ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE · Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF