2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 8:00 am Secretary of State **DOCUMENT # P98000088342** 1. Entity Name 02-10-2004 90001 007 ***150.00 ALLTECH APPLIANCE INC. Mailing Address Principal Place of Business P. O. BOX 7221 BOCA RATON FL 33431 8755 SW 51 PLACE 54004039 COOPER CITY FL 33378 2. Principal Place of Business 3. Mailing Address 204 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For 4. FEI Number 65-0869403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registere 7. Name and Address of New Registered Agent LANO, GREG 8755 SW 51 PLACE **COOPER CITY FL 33328** 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. Lam familiar with, and accept the obligations of registered agent 104 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE TITLE ☐ Delete NAME LANO, GREGORY P NAME STREET ADDRESS PO BOX 7221 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with a other like empowered

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