

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049726

FILED
Mar 03, 2004
Secretary of State

Entity Name: NORTEK REPAIR CENTER, INC.

Current Principal Place of Business:

2665 S BAYSHORE DRIVE, STE. 800
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DRIVE, STE. 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0969884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 S BAYSHORE DRIVE, STE. 800
MIAMI, FL 33133 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: S () Delete
Name: KUFFNER, MARILYN D
Address: 2665 S BAYSHORE DRIVE., 8TH FL
City-St-Zip: MIAMI, FL 33133

Title: PV () Delete
Name: MCDOWELL, DEREK A
Address: 2665 S BAYSHORE DRIVE, STE. 800
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: MARTIN, JAMES
Address: 5300 NW 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: P (X) Delete
Name: MALONE, JAMES P
Address: 5300 NW 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: WALSH, PRESTON
Address: ONE PNC PLAZA, 249 5TH AVE 8TH FLR
City-St-Zip: PITTSBURGH, PA 15222

Title: D () Delete
Name: GRISIUS, MICHAEL
Address: 1919 PENNSYLVANIA AVE NW
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MCDOWELL, DEREK A
Address: 2665 S BAYSHORE DRIVE, STE. 800
City-St-Zip: MIAMI, FL 33133

Title: CFOT (X) Change () Addition
Name: MARTIN, JAMES
Address: 5300 NW 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARILYN D. KUFFNER

S

03/03/2004

Electronic Signature of Signing Officer or Director

Date