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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90968 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000090210

1. Entity Name
"A PLUS" APPLIANCES, INC.

Principal Place of Business	Mailing Address
1750 LATHAM RD STE 4 WEST PALM BEACH, FL 33409	1750 LATHAM RD STE 4 WEST PALM BEACH, FL 33409

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
(X) 510 N. G Street Suite, Apt. #, etc.	(X) 510 N. G. Street Suite, Apt. #, etc.
City & State: LAKE WORTH, FL. Zip: 33460 Country: PBC	City & State: LAKEWORTH, FL. Zip: 33460 Country: PBC

4. FEI Number: 65-0954838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COCILOVO, FRANK 11496 BEACON POINTE LANE WEST PALM BEACH, FL 33414	Name: Cocilovo, FRANK Street Address (P.O. Box Number is Not Acceptable): 510 N. G. Street City: LAKEWORTH FL Zip Code: 33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Frank Cocilovo 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $160.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COCILOVO, FRANK 11496 BEACON PT LANE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWARTZ, DAVID E JR. 2510 S. ROCK RD. FORT PIERCE, FL 34945	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: (X) Frank Cocilovo 4/29/05 (561) 436-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #