

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # K70983

1. Entity Name
SYSTEMS REPAIR SERVICE COMPANY, INC.



Principal Place of Business
**5187 NW 74TH AVENUE
MIAMI, FL 33166**

Mailing Address
**5187 NW 74TH AVENUE
MIAMI, FL 33166**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0109782	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE CEASARE, VINCENT M.
5187 NW 74TH AVENUE
MIAMI, FL 33166**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	DE CEASARE, VINCENT M.
STREET ADDRESS	5187 NW 74TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	VP
NAME	DE CEASARE, EVELYN J.
STREET ADDRESS	5187 NW 74TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	S
NAME	ADAMS, KATHLEEN M
STREET ADDRESS	5187 NW 74 AVENUE
CI. / ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Vincent M. De Cesare* **VINCENT M. DE CEASARE** 1-5-07 305) 513-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #