


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000045515 1. Entity Name MEDCO EQUIPMENT REPAIR, INC.	
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Principal Place of Business 13047 SW 133RD CT. MIAMI, FL 33186	Mailing Address 13047 SW 133RD CT. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0502047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIKES, HELEN
 13047 SW 133RD CT.
 MIAMI, FL 33186**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

100000639867
 02/28/07-80044-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIKES, STEVEN 13047 SW 133RD CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SIKES, HELEN 13047 SW 133RD CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SIKES, JAMES 13047 SW 133RD CT. MIAMI, FL 33186
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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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:  **2/15/07 305-255-9538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #