


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 542448
 1. Entity Name
 OFFICE TECHNOLOGY SUPPLY - FLORIDA, INC.



Principal Place of Business 1101 SAWGRASS CORP PKWY SUNRISE, FL 33323	Mailing Address 1101 SAWGRASS CORP PKWY SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1758569	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

KAHN, JEFFREY
 1101 SAWGRASS CORPORATE PKWY
 FT. LAUDERDALE, FL 33323

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contributor. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000142423 04/30/04-80050-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, JEFFERY 1101 SAWGRASS CORP PKWY SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ROGER, D 1101 SAWGRASS CORP PKWY SUNRISE, FL
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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: Roger D. Miller 4/21/04 (954) 846-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #