


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
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**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1758569 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ 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, 2008 Fee will be \$550.00**

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

04/08/08-80092-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME KAHN, JEFFREY
 STREET ADDRESS 1101 SAWGRASS CORP PKWY
 CITY-ST-ZIP SUNRISE, FL

TITLE S
 NAME MILLER, ROGER, D
 STREET ADDRESS 1101 SAWGRASS CORP PKWY
 CITY-ST-ZIP SUNRISE, FL

TITLE
 NAME
 STREET ADDRESS
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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:  **JEFFREY KAHN** Date **3/20/08** 954-846-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #