

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G90287**

1. Entity Name  
**MRO ELECTRONIC DISTRIBUTORS, INC.**



Principal Place of Business  
**6107 JOHNSON STREET  
HOLLYWOOD, FL 33024 US**

Mailing Address  
**P O BOX 4737  
HOLLYWOOD, FL 33083**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2366071**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LAW OFFICES  
ATKINSON, GOLDEN JENNE, DINER & STONE(ADELE)  
1946 TYLER STREET  
HOLLYWOOD, FL 33020**

**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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
OLESIEWICZ, SHARON  
5250 NW 85TH AVE  
LAUDERHILL, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
CAPLAN, JEROME A.  
11720 NW 29TH ST  
SUNRISE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
CAPLAN, HENRY R.  
9211 NW 9 PL  
PLANTATION, FL 33324**

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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01/11/06-80062-006 150.00

**DO NOT WRITE  
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:** Henry R. Caplan **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06  
Date

954-966-4847  
Daytime Phone #

HENRY R. CAPLAN Secy/Treas