2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 27, 2005 08:00 AM DOCUMENT # H89122 **Secretary of State** 1. Entity Name VILLAGE OFFICE SUPPLY & EQUIPMENT COMPANY. INC. Principal Place of Business Mailing Address % STEPHEN S. SIEGEL, ESQ. 7333 MIAMI LAKES DR. MIAMI LAKES FL 33014 % STEPHEN S. SIEGEL, ESQ. 7333 MIAMI LAKES DR. MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2624787 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERGA, RONALD Street Address (P.O. Box Number is Not Acceptable) 7333 MIAMI LAKES DR MIAMI LAKES FL 33014 City Zip Code 8. The above named entity appriits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent. SIGNATURE tle if applicable red when reinstating DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May P 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Delete Ditt NAME VERGA, RONALD U00000199543 1367 ERIE PL STREET ADDRESS STREET ADDRESS 01/27/05-80097-007 150.0U CITY-ST-ZIF DAVIE FL CITY-ST-7/P HILE ☐ Delete HILE Сhапде Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-3IP CITY-ST-7IP BULE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP HILE ☐ Delete TITLE Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete П Спалде THE Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZP Hitt ☐ Defete inte ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIF 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.

FILED