

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90435 026 \*\*\*150.00

**DOCUMENT # L03421**

1. Entity Name  
**BUSINESS MACHINE REPAIR, INC.**



Principal Place of Business  
**3025 SILVER STAR ROAD  
STE 103  
ORLANDO, FL 32808-4650 US**

Mailing Address  
**3025 SILVER STAR ROAD  
STE 103  
ORLANDO, FL 32808-4650 US**



2. Principal Place of Business  
**102 DRENNEN RD.**

3. Mailing Address  
**102 DRENNEN RD.**

Suite, Apt. #, etc.  
**C-3**

Suite, Apt. #, etc.  
**C-3**

04262005 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO**

City & State  
**ORLANDO**

Zip  
**32806-8502**

Country  
**ORANGE**

Zip  
**32806-8502**

Country  
**ORANGE**

4. FEI Number  
**59-2957348**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOHNSON, WADE JR  
2901 CURRY FORD RD.  
ORLANDO, FL 32802-32806**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code  
**32806**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HOFFMAN, WILLIAM S.</b>			NAME			
STREET ADDRESS	<b>2629 ALOMA AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>NEGRON, GABRIEL JR</b>			NAME			
STREET ADDRESS	<b>32 S. PALM AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>VERANES, VICTORIA C.</b>			NAME			
STREET ADDRESS	<b>113 JUPITER CIR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Victoria Veranes* **4/27/05** **407-290-8699**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #