

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000016624

1. Entity Name
KOALA-T PRINTER & COPIER SUPPLIES, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
18974 CONCERTO DRIVE
BOCA RATON, FL 33498

Mailing Address
18974 CONCERTO DRIVE
BOCA RATON, FL 33498



05012004 No Chg-P CP2E034 (10/03)

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4. FEI Number 62-1846132	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BRUCE R
18974 CONCERTO DRIVE
BOCA RATON, FL 33498

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS ~~\$550.00~~ ^{150.00}
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOLDBERG, BRUCE R
STREET ADDRESS	18974 CONCERTO DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	S
NAME	GOLDBERG, RENEE S
STREET ADDRESS	18974 CONCERTO DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-B0010-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce R. Goldberg 5/1/04 561-558-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #