2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000056850

1. Entity Name
DISCOUNT T.V. REPAIR OF MARGATE INC.

Principal Place of Business	Mailing Address
533 N. STATE RD. 7 MARGATE, FL 33063	533 N. STATE RD. 7 MARGATE, FL 33063

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1112164	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUETO, STAN
533 N. STATE RD. 7
MARGATE, FL 33063

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: _____   STAN P. CURTO   4-30-04

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, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	GRANGE, JAMES	
STREET ADDRESS	11436 NW 41ST ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	
NAME	CUETO, STAN	
STREET ADDRESS	1100 SW 71ST TERR.	
CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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05/04/04-80041-019 150.00

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: _____ JAMES GRANGE   4-30-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #