## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 09, 2006 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P01000114211 1. Entity Name MISTER FIX IT SERVICES, INC. Mailing Address Principal Place of Business 13511 NW 3 ST 13511 NW 3 ST PLANTATION, FL 33325 PLANTATION, FL 33325 CR2E034 (11/05) 02052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1156477 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TRUPIA, CHARLES A 13511 NW 3 STREET PLANTATION, FL 33325 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000427068 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/20/06-80069-012 150.00 OFFICERS AND DIRECTORS 10. 3131 F TRUPIA, CHARLES A NAME STREET ADDRESS 13511 NW 3 STREET PLANTATION, FL 33325 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 trusted employered 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 accuracy with all other like ampowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR