2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021312

1. Entity Name
U-FIX IT OF PEMBROKE PARK, INC.

Principal Place of Business	Mailing Address
2690 S. PARK ROAD PEMBROKE PARK, FL 33009	801 SW 27TH AVE. FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

04152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0431300	Not Applicable

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

6. **Name and Address of Current Registered Agent**

CRAMMER, EDWIN L
7481 W OAKLAND PARK BLVD., SUITE 102
LAUDERHILL, FL 33319

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 _____

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

TITLE	D
NAME	SATZMAN, DAVID
STREET ADDRESS	801 SW 27TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

II00000317878
04/20/05-80036-014 150.00

DO NOT WRITE IN THIS SPACE

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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: _David Sof_ Pres   4/16/05   9547972970

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

DAVID SATZMAN