


2007

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FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # PO4000118122	
1. Entity Name Cartridge Savers of Florida, Inc	

FILED
Dec 18, 2007 8:00 A.M.
Secretary of State



01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 4775 NW 184 terr	3. Mailing Address 4775 NW 184 terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Carol City, FL	City & State Carol City, FL
Zip 33055 Country USA	Zip 33055 Country USA

4. FEI Number 201525915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name Johnny Murcia
	Street Address (P.O. Box Number is Not Acceptable) 4775 NW 184 terr
	City Carol City FL Zip Code 33055

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

12/13/07

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 NAME STREET ADDRESS CITY-ST-ZIP P Damasio, Eduardo 5009 SE 45th Ocala, FL 34471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Murcia, Johnny 4775 NW 184 terr Carol City, FL 33055	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 600113429656 12/27/07-01015-015 ***450.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP B 12/20/07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05-09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/07

305-450-4897

Parent

CARTRIDGE SAVERS OF FLORIDA, INC
4775 NW 184 TERR
CAROL CITY, FL 33055

December 13, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Cartridge Savers of Florida, Inc. with Document # P040001181822. Along with this Business Report for the years of 2005-2006-2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Johny Murcia