


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90466 040 ***158.75

DOCUMENT # P06000057422	
1. Entity Name REPRO SERVICES INC.	

Principal Place of Business 6660 TIME SQUARE AVENUE APT 101 ORLANDO, FL 32835	Mailing Address 6660 TIME SQUARE AVENUE APT 101 ORLANDO, FL 32835
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60045085



2. Principal Place of Business - No P.O. Box # *6360 Ranelagh Dr	3. Mailing Address *6360 Ranelagh Dr
Suite, Apt. #, etc. Unit 105	Suite, Apt. #, etc. Unit 105
City & State Orlando FL	City & State Orlando FL
Zip 32835	Country Orange

03162007 Chg-P CR2E034 (12/06)

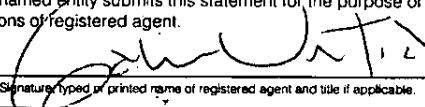
4. FEI Number
20-4783857

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

6. Name and Address of Current Registered Agent URRUTIA, GABRIEL G 6660 TIME SQUARE AVENUE APT 101 ORLANDO, FL 32835	
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7. Name and Address of New Registered Agent *Name Urrutia Gabriel	
Street Address (P.O. Box Number is Not Acceptable) 6360 Ranelagh Dr, Unit 105	
City Orlando	FL Zip Code 32835

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  DATE **04/06/2007**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URRUTIA, GABRIEL G 6660 TIME SQUARE AVENUE, APT 101 ORLANDO, FL 32835 <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
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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:  DATE **04/06/07** 321-695-1124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR