

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000045515

1. Entity Name
MEDCO EQUIPMENT REPAIR, INC.



Principal Place of Business

**13047 SW 133RD CT.
MIAMI, FL 33186**

Mailing Address

**13047 SW 133RD CT.
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0502047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIKES, HELEN
13047 SW 133RD CT.
MIAMI, FL 33186**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

100000639867
02/28/07-80044-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIKES, STEVEN
STREET ADDRESS	13047 SW 133RD CT.
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	DST
NAME	SIKES, HELEN
STREET ADDRESS	13047 SW 133RD CT.
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	DV
NAME	SIKES, JAMES
STREET ADDRESS	13047 SW 133RD CT.
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07 305-255-9538
Date Daytime Phone #