

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000051470

1. Entity Name
THE REPOSITORY, INC.



Principal Place of Business
2021 E. COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308

Mailing Address
2021 E. COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #
2021 E. Commercial Blvd.

Suite, Apt. #, etc.
308

3. Mailing Address
2021 E. Commercial Blvd.

Suite, Apt. #, etc.
308

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33308

Country
US

Zip
33308

Country
US

04232008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0688860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOON, ROBERT E
2021 E. COMMERCIAL BLVD.
FT LAUDERDALE, FL 33308

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD Delete
NAME MOON, ROBERT E
STREET ADDRESS 2021 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 2021 E. Commercial Blvd. # 308
Ft. Lauderdale, FL 33308

TITLE Change Addition
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 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

GARY BRADY, Spec Ass't Sec'y

Date

Daytime Phone #



04-25-2008 90152 020 ***150.00

**FILED
Apr 25, 2008 8:00 am
Secretary of State**