## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000031269

City-St-Zip:

Entity Name: A PLUS TV-VCR REPAIR, INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10413 ST AUGUSTINE RD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 10413 ST AUGUSTINE RD JACKSONVILLE, FL 32257 FEI Number: 59-3503158 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINA, LYUBOV 11783 LORETTO SQUARE DR JACKSONVILLE, FL 32223 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete () Change () Addition LEVIN, LEV Name: Name: 10413 ST. AUGUSTINE RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: ( ) Delete Title: VSTD Title: () Change () Addition LEVINA, LYUBOV Name: Name: 10413 ST. AUGUSTINE RD Address: Address: JACKSONVILLE, FL 32257

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEV LEVIN PD 04/16/2009