

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000031269

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

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10413 ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

10413 ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 59-3503158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINA, LYUBOV  
11783 LORETTO SQUARE DR  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: LEVIN, LEV  
Address: 10413 ST. AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VSTD  
Name: LEVINA, LYUBOV  
Address: 10413 ST. AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: LEV LEVIN

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date