

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90055 049 \*\*\*150.00

<b>DOCUMENT # P98000075690</b> 1. Entity Name <b>MAILING EQUIPMENT REPAIRS, INC.</b>					
Principal Place of Business <b>209 NW 17TH STREET APT #E FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>209 NW 17TH STREET APT #E FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business <b>8481 SPRINGTREE DRIVE</b> Suite, Apt. #, etc. <b>404 B</b>		3. Mailing Address <b>8481 SPRINGTREE DRIVE</b> Suite, Apt. #, etc. <b>404 B</b>			
City & State <b>SUNRISE FL</b>		City & State <b>SUNRISE, FL</b>		01102005    Chg-P    CR2E034 (10/03)	
Zip <b>33351</b>		Country <b>USA</b>		4. FEI Number <b>65-0861869</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GRAZIATO, LIVIO 209 NW 17 ST. E. APT #4 FORT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>GRAZIATO, LIVIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8481 SPRINGTREE DRIVE</b> <b>404 B</b> City <b>SUNRISE</b> <b>FL</b> Zip Code <b>33351</b>		
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: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GRAZIATO, LIVIO 209 NW 17 ST. E. FORT LAUDERDALE, FL 33311</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GRAZIATO, LIVIO 8481 SPRINGTREE DRIVE, 404 B SUNRISE, FL 33351</b>	<input checked="" 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		
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		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			<b>LIVIO GRAZIATO</b> 1/21/05    954-600-6531 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		