

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90124 050 ***150.00

DOCUMENT # V15812 1. Entity Name ON-SITE MACHINE REPAIR INC			
Principal Place of Business 3314 N.E. 27 TERRACE LIGHTHOUSE POINT, FL 33064		Mailing Address 3314 N.E. 27 TERRACE LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 900 E. Atlantic Blvd Suite, Apt. #, etc.	
City & State Pompano Beach FL		4. FEI Number 65-0321941	
Zip 33060		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FOGEL, THOMAS 3314 N.E. 27 TERRACE LIGHTHOUSE POINT, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME FOGEL, THOMAS	<input type="checkbox"/> Delete	
STREET ADDRESS 3314 N.E. 27 TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:		Date 4/28/04 (954) 783-5030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			