


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90378 016 ***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 7041 W COMM. BLVD 6A FORT LAUDERDALE, FL 33319
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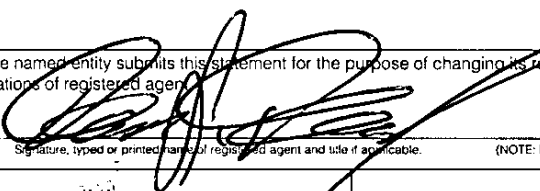
2. Principal Place of Business 1019 SE 10th Suite, Apt. #, etc.	3. Mailing Address 1412 NE 57 St. Suite, Apt. #, etc.
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City & State Deerfield Beach FL	City & State Fort Lauderdale FL
Zip 33441	Zip 33334
Country USA	Country USA



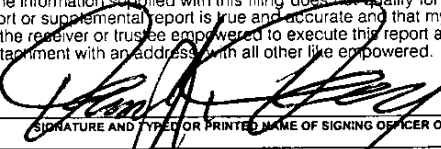
04252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent FOGEL, THOMAS 3314 N.E. 27 TERRACE LIGHTHOUSE POINT, FL 33064	
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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 	DATE 4-27-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOGEL, THOMAS 3314 N.E. 27 TERRACE LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1019 SE 10 St Deerfield Beach FL 33441 <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
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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 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: 	DATE 4-27-06