

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

2. Principal Place of Business  
1019 SE 10 ST

Suite, Apt. #, etc.

3. Mailing Address  
1412 NE 57 ST.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL FL Lauderdale FL

Zip 33441

Country USA Zip 33334

Country USA

4. FEI Number  
65-0321941

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOGEL, THOMAS  
3314 N.E. 27 TERRACE  
LIGHTHOUSE POINT, FL 33064

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-06

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1019 SE 10 ST Deerfield Beach FL 33441	<input checked="" 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

Daytime Phone #