

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90051 038 ***150.00

DOCUMENT # P95000041534
1. Entity Name
ARGEN COPIERS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8105 NW 17 Manor Suite, Apt. #, etc.		3. Mailing Address 8105 NW 17 Manor Suite, Apt. #, etc.	
City & State Plantation, Florida		City & State Plantation, Florida	
Zip 33322	Country U.S.A.	Zip 33322	Country U.S.A.

DO NOT WRITE IN THIS SPACE

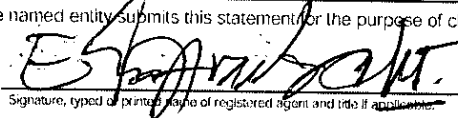
4. FEI Number 65-0586247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Eduardo Carvacho
Street Address (P.O. Box Number is Not Acceptable) 8105 NW 17 Manor
City Plantation FL Zip Code 33322

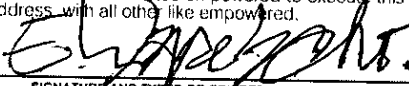
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Eduardo Carvacho 4-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/D Eduardo Carvacho 8105 NW 17 Manor Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Eduardo Carvacho 4-19-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)