2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000004846

1. Entity Name

GRUPPO DE COPIADORAS, S.A., INC.



FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90280 045 ***150.00

					GOO WE TO						
Principal Place of Business Malling Address											
17038 W. DI	XIE HWY		17038 W. DI	17038 W. DIXIE HWY							
#151		00100	#151		00400						
NORTH MIAMI BEACH FL 33160 US			NORTH MIAN US	NORTH MIAMI BEACH FL 33160 US			I INNIINN IIIL NAMA SERII PESS NAMI	FRIN FREN MAIN 011	INI 18114 SISIE HILI	ECI IL IERI	
			l o saumini and	•							
2. Principal Place of Business			3. Mailing Addi	3. Mailing Address							
Suite, Apt.	# etc		Suite Ant #	Suite, Apt. #, etc.							
Oute, Apr. #, etc.			Gollo, Apr. II.	danta, Apr. II, etc.			MOORE CR2E034 (11/03)				
City & State			City & State	City & State			FEI Number		Api	plied For	
•							06-1647545 Not Applicable			Applicable	
Zip		Country	Zip	Zip Countr		6	Certificate of Status Desired	□ \$	8.75 Addi	tional	
							Fee Required				
	nd Address of Cu	rrent Registered Agent	7. Name and Address of New Registered Agent								
and the second s						Name					
SAFRO, LINDA 8781 HOLLY CT, #201					Street Address (P.O. Box Number is Not Acceptable)						
8/8 TAM	33321										
IAIV		JJJE 1									
					City				Zip Code	,	
								FL			
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) DATE											
FILE NOW!!! FEE IS \$150.00									٠		
		Fee will be \$55					9. Election Campaign Fit Trust Fund Contribution			May Be to Fees	
Make Check Payable to Florida Department of State							Tradit dia contradit	~··	710000		
10.		OFFICERS	AND DIRECTORS		11.	A	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	S			Delete	TITLE				Change	☐ Addition	
NAME	LEVY, BRUC			NAMI							
STREET ADDRESS	1030 NE 177		100	STRE							
CITY-ST-ZIP	NORTH MIAI	MI BEACH FL 33			CITY-ST-ZIP						
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							110.07/01/2 = 11.7	1.7.42	6 . No. 1		
12. I hereby	12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										

2. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

305-7917 990 Daytime Phone #