


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # 429972
 1. Entity Name
 COPY-FLOW, INC.



| | |
|---|---|
| Principal Place of Business 7814 NW 54TH STREET MIAMI, FL 33166 | Mailing Address 7814 NW 54TH STREET MIAMI, FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1468589 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KEYS, JOHN /
 7814 NW 54 STREET
 MIAMI, FL 33166

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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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | KEYS, JOHN |
| STREET ADDRESS | 10421 SW 50TH PLACE |
| CITY - ST - ZIP | COOPER CITY, FL 33330 |
| TITLE | ST |
| NAME | KEYS, MARY |
| STREET ADDRESS | 6865 NW 169 ST |
| CITY - ST - ZIP | HIALEAH, FL 33015 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 02/26/07-80001-011 150.00

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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: John Keys John Keys Pres. / 2-12-07 305-592-0930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #