


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90094 024 ***150.00

DOCUMENT # F13271	
1. Entity Name COPY'S UNIFORM CO.	

Principal Place of Business 4220 NORTH LAKE BLVD PB GARDENS FL 33410	Mailing Address 4220 NORTH LAKE BLVD PB GARDENS FL 33410
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2. Principal Place of Business 107 EDWARDS LN	3. Mailing Address 107 EDWARDS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State P.B. SHORES, FL	City & State P.B. SHORES FL
Zip 33404	Zip 33404
Country	Country

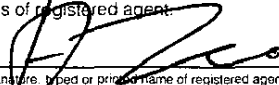


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GOODMARK, HARRY 811 N. OLIVE AVE. WEST PALM BEACH FL	
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4. FEI Number 59-2052233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 3/8/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	PD ZIER, ALBERTO 107 EDWARDS LANE PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZIER, GUSTAVO 107 EDWARDS LANE PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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: ALBERTO ZIER	561845-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date