

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30117

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: SUPREME COPY SERVICES, INC.

**Current Principal Place of Business:**

19440 NW 3 STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 55-1854  
CORAL CITY  
MIAMI, FL 33055 US

**New Mailing Address:**

FEI Number: 59-2277227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAKS, CARLL  
666 ROBERTS BLDG.  
28 W.FLAGLER ST.  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HINES, LAVAL T  
Address: 19440 NW 3RD ST  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: HINES, CONSTANCE  
Address: 19440 NW 3RD ST  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVAL T HINES

DP

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date