

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30117

FILED
Mar 30, 2009
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

03/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date