


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90211 046 ***158.75

DOCUMENT # G98125 1. Entity Name COPY MACHINE SPECIALISTS INCORPORATED					
Principal Place of Business 1996 NE CAMPBELL DR HOMESTEAD, FL 33033 US			Mailing Address 1996 NE CAMPBELL DR HOMESTEAD, FL 33033 US		
2. Principal Place of Business 22401 S.W. 184 Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address same <small>Suite, Apt. #, etc.</small>			
City & State Miami, FL		City & State Miami, FL			
Zip 33170	Country USA	Zip 33170	Country USA	4. FEI Number 59-2404348	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05022006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent AUSTER, ANDREW 1996 NE CAMPBELL DR HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent Name Auster, Andrew Street Address (P.O. Box Number is Not Acceptable) 22401 S.W. 184 Ave. Miami FL Zip 33170		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AUSTER, ANDREW 1996 NE CAMPBELL DR HOMESTEAD, FL	TITLE P Auster, Andrew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22401 S.W. 184 Ave. Miami, FL 33170			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/2/06 <small>Date Daytime Phone #</small>		