

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007867

FILED  
Feb 16, 2004  
Secretary of State

Entity Name: COPY FIX USA L.L.C.

## Current Principal Place of Business:

12555 ORANGE DR  
SUITE 267  
DAVIE, FL 33317

## New Principal Place of Business:

16300 NE 19 AVE  
STE C  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

12555 ORANGE DR  
SUITE 267  
DAVIE, FL 33317

## New Mailing Address:

16300 NE 19 AVE  
STE C  
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-1104482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUERNICA, EDWARDS A  
8180 NW 36TH ST  
SUITE 230  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

SALAZAR, ELIZABETH  
16300 NE 19 AVE  
STE C  
NORTH MIAMI BEACH, FL 33162 US

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: ELIZABETH SALAZAR

02/16/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: LOZADA, LUIS E  
Address: 12555 ORANGE DR, SUITE 267  
City-St-Zip: DAVIE, FL 33317

Title: MGR ( ) Delete  
Name: NARANJO, DILIA  
Address: 12555 ORANGE DR, SUITE 267  
City-St-Zip: DAVIE, FL 33317

Title: MGR ( ) Delete  
Name: LOZADA, ROMELIA  
Address: 12555 ORANGE DR, STE 267  
City-St-Zip: DAVIE, FL 33330

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LOZADA, LUIS E  
Address: 16300 NE 19 AVE STE C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR (X) Change ( ) Addition  
Name: SALAZAR, ELIZABETH  
Address: 16300 NE 19 AVE STE C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR (X) Change ( ) Addition  
Name: LOZADA, ROMELIA  
Address: 16300 NE 19 AVE STE C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIZABETH SALAZAR

MGR

02/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date