

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007867

FILED
Apr 27, 2005
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1104482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

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

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 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: LUIS E LOZADA MGR 04/27/2005

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