

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018001

FILED
Jan 04, 2006
Secretary of State

Entity Name: BEST COPIER SUPPLIES LLC.

Current Principal Place of Business:

12960 SW 133RD CT
MIAMI, FL 33186

New Principal Place of Business:

13170 SW 128 ST
#105
MIAMI, FL 33186

Current Mailing Address:

12960 SW 133RD CT
MIAMI, FL 33186

New Mailing Address:

13170 SW 128 ST
105
MIAMI, FL 33186

FEI Number: 81-0614633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CARLOS
12960 SW 133RD CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

HERNANDEZ, JOSE
13170 SW 128 ST
105
MIAMI, FL 33186 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: JOSE HERNANDEZ

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORALES, CARLOS
Address: 12960 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: HERNANDEZ, JOSE
Address: 14811 SW 133 PLACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, JOSE
Address: 13170 SW 128 ST #105
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: HERNANDEZ, JOSE
Address: 13170 SW 128 ST #105
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSE HERNANDEZ

MGR

01/04/2006

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