



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90009 010 ***150.00

DOCUMENT # P01000078077 1. Entity Name COPYMATIC CORP.					
Principal Place of Business 8125 NW 74 AVE. #3 MEDLEY, FL 33166			Mailing Address 35 NW 27 STREET A1 MIAMI, FL 33127		
2. Principal Place of Business 7086 NW 50 STREET Suite, Apt. #, etc.			3. Mailing Address 354 SEVILLA AVENUE Suite, Apt. #, etc.		
City & State MIAMI FL		City & State CORAL GABLES FL		4. FEI Number 65-1128024	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZ, ALEJANDRO 35 NW 27 STREET MIAMI, FL 33127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7086 NW 50 STREET City MIAMI FL Zip Code 33166		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, ALEJANDRO 35 NW 27 STREET APT A1 MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, ALEJANDRO 7086 NW 50 STREET MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ALEJANDRO KATZ 5/14/04 305 717-0019 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #					

54056291



03082003 Chg-P CR2E034 (10/03)

Attached
#701000078077

54056291

COPYMATIC CORP.
7086 NW 50 Street
Miami, FL 33166

May 26, 2004

Florida Department of State
Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

It has come to our attention that Copymatic Corp. has not filed the 2004 Uniform Business Report. We hereby declare under oath that we did not receive the UBR form, maybe because our change in business address and were not aware of the May 1st date line.

We are enclosing a completed UBR and a check for the 2004 fee.

Sincerely,



Alejandro Katz
President