

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90068 017 ***150.00

DOCUMENT # P02000020474 1. Entity Name M.C. MULTICOPIER WHOLESAL, INC.																	
Principal Place of Business 7228 NW 56TH STREET MIAMI, FL 33166			Mailing Address 7228 NW 56TH STREET MIAMI, FL 33166														
2. Principal Place of Business 4462 NW 74 Avenue Suite, Apt. #, etc. Miami Florida City & State		3. Mailing Address 4462 NW 74 Avenue Suite, Apt. #, etc. Miami FL City & State															
Zip 33166 Country Dade		Zip 33166 Country Dade		01122004 Chg-P CR2E034 (10/03)													
4. FEI Number 01-0606890				Applied For ☐ Not Applicable													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent ARCE, MARIO 7228 NW 56TH STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Mario Arce Street Address (P.O. Box Number is Not Acceptable) 2 24 SW 96 Court City Miami FL Zip Code 33174														
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: <u><i>Mario Arce</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 70%;">D ARCE, MARIO ☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>224 SW 96TH COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33174</td> </tr> </table>			TITLE NAME	D ARCE, MARIO ☐ Delete	STREET ADDRESS	224 SW 96TH COURT	CITY-ST-ZIP	MIAMI, FL 33174	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 70%;">President ☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Mercedes Carus</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2 24 SW 96 Court, Miami FL 33174</td> </tr> </table>			TITLE NAME	President ☒ Change ☐ Addition	STREET ADDRESS	Mercedes Carus	CITY-ST-ZIP	2 24 SW 96 Court, Miami FL 33174
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SIGNATURE: *Mario Arce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/03

305-3978630

Date

Daytime Phone #

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.