

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 91255 003 ***158.75

DOCUMENT # P02000053588 1. Entity Name COPIERS EXPRESS, INC.			
Principal Place of Business 7828 SUGAR BEND DRIVE ORLANDO, FL 32819		Mailing Address 7828 SUGAR BEND DRIVE ORLANDO, FL 32819	
2. Principal Place of Business 2621 SAN JUAN ST. Suite, Apt. #, etc.		3. Mailing Address 2621 SAN JUAN ST. Suite, Apt. #, etc.	
City & State DELAND FLORIDA Zip Country 32724 VOLUSIA		City & State DELAND FLORIDA Zip Country 32724 VOLUSIA	
4. FEI Number 54-2062959		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, ARTURO 7828 SUGAR BEND DRIVE ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name TORRES, ARTURO Street Address (P.O. Box Number is Not Acceptable) 2621 SAN JUAN ST. City DELAND State FL Zip Code 32724	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: ☐ \$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-STATE-ZIP	DP TORRES, ARTURO 7828 SUGAR BEND DRIVE ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP TORRES, ARTURO 2621 SAN JUAN ST. DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST TORRES, ELIZABETH M 7828 SUGAR BEND DRIVE ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST TORRES, ELIZABETH M 2621 SAN JUAN ST. DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Arturo Torres</u> PRESIDENT		Date: <u>6/11/04</u> Daytime Phone #: <u>(386) 775-1780</u>	

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