


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000053588 1. Entity Name COPIERS EXPRESS, INC.	
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Principal Place of Business 2621 SAN JUAN ST. DELAND, FL 32724	Mailing Address 2621 SAN JUAN ST. DELAND, FL 32724
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01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2062959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, ARTURO 2621 SAN JUAN ST. DELAND, FL 32724

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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 <i>Arturo Torres</i> Signature, typed or printed name of registered agent and title if applicable	<i>President</i> (NOTE: Registered Agent signature required when reinstating)	<i>1/22/07</i> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000608146 01/31/07-80065-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, ARTURO 2621 SNA JUAN ST DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORRES, ELIZABETH M 2621 SAN JUAN ST. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, RICHARD F 2621 SAN JUAN ST. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Arturo Torres</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Arturo Torres</i> Date	<i>1/22/07 (386) 775-118</i> Daytime Phone #