

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059264

1. Entity Name
FERCOPY, INC.



Principal Place of Business
5400 SOUTH UNIVERSITY DRIVE
SUITE 205
DAVIE, FL 33328

Mailing Address
5400 SOUTH UNIVERSITY DRIVE
SUITE 205
DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #
45 ODELL SCHOOL ROAD

3. Mailing Address
45 ODELL SCHOOL RD

Suite, Apt. #, etc.
UNIT J

Suite, Apt. #, etc.
UNIT J

City & State
CONCORD, N.C.

City & State
CONCORD, N.C.

Zip
28027

Country
USA

Zip
28027

Country
USA

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number
01-0722640

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, MARCELO G
2353 SOUTHWEST 102ND AVENUE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name
Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St.

City
Tallahassee

FL

Zip Code
32301

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 *Weimar Lopez for Capital Connection, Inc.* DATE *4/25/08*

Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FERREIRA, MARCELO G
2353 SOUTHWEST 102ND AVENUE
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FERREIRA, MARCELO G.
10955 HAT CREEK LANE
DAVIDSON, N.C. 28036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700125811567
04/25/08--01026--022 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/08 704.782.2201
Date Daytime Phone *