2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000044933

1. Entity Name
FLORIDA PRINT COPY INC.

Principal Place of Business	Mailing Address
5151 COLLINS AVE #734	5151 COLLINS AVE #734
MIAMI BCH, FL 33140	MIAMI BCH, FL 33140

DO NOT WRITE IN THIS SPACE

04072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-4248514	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADILLO, HERNAN
5151 COLLINS AVE #734
MIAMI BCH, FL 33140

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00	**9.** Election Campaign Financing	**$5.00** May Be	U00000889876
After May 1, 2008 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees	04/22/08-80071-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DELGADILLO, HERNAN
STREET ADDRESS	5151 COLLINS AVE #734
CITY-ST-ZIP	MIAMI BCH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Hna 9. Wlgadillo_ _HERNAN E. DELGADILLO_ _04/07/2008_ (305)270-9152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #