

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 035 ***150.00

DOCUMENT # P03000093392

1. Entity Name
SOUTH FLORIDA COPIERS, INC.



Principal Place of Business
**7600 WEST 20TH AVENUE
SUITE 101
HIALEAH, FL 33016**

Mailing Address
**7600 WEST 20TH AVENUE
101
HIALEAH, FL 33016**

24021466



2. Principal Place of Business
8770 N.W. 99th Street

3. Mailing Address
9990 S.W. 77th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004 Chg-P CR2E034 (10/03)

City & State
Medley, FL

City & State
Miami, FL

4. FEI Number
20-0198785

Applied For
☐ Not Applicable

Zip
33178

Country
USA

Zip
33156

Country
US

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

6. Name and Address of Current Registered Agent

~~JOY, ALBERTA M~~
~~7600 WEST 20TH AVENUE~~
~~101~~
~~HIALEAH, FL 33016~~

7. Name and Address of New Registered Agent

Name
John A. Margolis, Esq.

Street Address (P.O. Box Number is Not Acceptable)

**Suite 330,
9990 S.W. 77 Avenue**

City
Miami, FL Zip Code
33156

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

John A. Margolis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/04

**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

TITLE
PSD ☐ Delete
NAME
JOYA, CHRISTIAN
STREET ADDRESS
16203 NW 84TH PLACE
CITY-ST-ZIP
MIAMI LAKES, FL 33014

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
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TITLE
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TITLE
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NAME
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President, Director ☒ Change ☐ Addition
NAME
Joya Christian
STREET ADDRESS
8770 NW 99th Street
CITY-ST-ZIP
Medley, FL 33178

TITLE
Vice President, Sec. Treas. Dir ☒ Change ☐ Addition
NAME
Lorenzo, Ana M.
STREET ADDRESS
8770 NW 99th Street
CITY-ST-ZIP
Medley, FL 33178

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

(305) 887 0749

Daytime Phone