

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000098386**

1. Entity Name  
LONDON COPY MACHINE, CORP.



Principal Place of Business  
7827 NW 72ND AVENUE  
MEDLEY, FL 33166

Mailing Address  
7827 NW 72ND AVENUE  
MEDLEY, FL 33166



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0222452

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LONDONO, HERNAN G  
8972 NW 145 LANE  
MIAMI, FL 33018-7325

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 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  
DP  
LONDONO, VANESSA  
8972 NW 145 LANE  
MIAMI, FL 330187325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
LONDONO, HERNAN G  
8972 NW 145 LANE  
MIAMI, FL 330187325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LONDONO, FREDY A  
8972 NW 145 LANE  
MIAMI, FL 330187325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LONDONO, PAOLA A  
8972 NW 145 LANE  
MIAMI, FL 330187325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000182626  
01/19/05-80034-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Fredy A. Londono*

FREDY A. LONDONO SECRETARY

1-10-2005

305 888-7550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #