

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90188 002 ***150.00

DOCUMENT # P04000061492	
1. Entity Name MICROPARTS COPIERS & SUPPLIES, CORP.	

Principal Place of Business 15243 SW 9 WAY MIAMI FL 33194 US	Mailing Address 15243 SW 9 WAY MIAMI FL 33194 US
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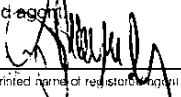


2. Principal Place of Business - No P.O. Box # 2932 South East 2nd Drive #27	3. Mailing Address 2932 South East 2nd Drive #27
Suite, Apt. #, etc. 2932 South East 2nd Drive #27	Suite, Apt. #, etc. 2932 South East 2nd Drive #27
City & State HOMESTEAD	City & State HOMESTEAD
Zip 33033	Country U.S.

1st MOORE CR2E034 (10/06)

4. FEI Number 83-0392206	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, FABIO B 15243 SW 9 WAY MIAMI FL 33194	
7. Name and Address of New Registered Agent Name WALSH, FABIO B Street Address (P.O. Box Number is Not Acceptable) 2932 South East 2nd Drive #27 City HOMESTEAD FL Zip Code 33033	

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  **FABIO WALSH** DATE **4/10/07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete WALSH, ANA LUISA 15243 SW 9 WAY MIAMI FL 33194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☒ Change ☐ Addition WALSH, ANA LUISA 2932 SOUTH EAST 2ND DRIVE #27 HOMESTEAD, FL, 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete WALSH, FABIO B 15243 SW 9 WAY MIAMI FL 33194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Change ☐ Addition WALSH, FABIO B 2932 SOUTH EAST 2ND DRIVE #27 HOMESTEAD, FL, 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 Section 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:  **FABIO WALSH** DATE **4/10/07** PHONE **(786) 349-1221**

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