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	Mailing Address
15243 SW 9 WAY MIAMI FL 33194 US	15243 SW 9 WAY MIAMI FL 33194 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
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.	Zip 33033	Country U.S.

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	7. Name and Address of New Registered Agent
WALSH, FABIO B 15243 SW 9 WAY MIAMI FL 33194	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 [signature] FABIO WALSH 4/10/07
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, 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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, ANA LUISA 15243 SW 9 WAY MIAMI FL 33194	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH ANA LUISA 2932 South East 2nd Drive #27 HOMESTEAD FL 33033	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, FABIO B 15243 SW 9 WAY MIAMI FL 33194	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, FABIO B. 2932 South East 2nd Drive #27 HOMESTEAD, FL, 33033	☐ 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
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: [signature] FABIO WALSH 4/10/07 (786) 349-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #