
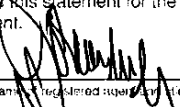


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 041 ***150.00

DOCUMENT # P04000061492			
1. Entity Name MICROPARTS COPIERS & SUPPLIES, CORP.			
Principal Place of Business 2932 SE 2ND DRIVE #27 HOMESTEAD FL 33033 US		Mailing Address 2932 SE 2ND DRIVE #27 HOMESTEAD FL 33033 US	
2. Principal Place of Business - No P.O. Box # 15243 SW 9 Way Suite, Apt. #, etc.		3. Mailing Address 15243 SW 9 Way Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33194	Country US	Zip 33194	Country US
4. FEI Number 83-0392206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, FABIO B 2932 SE 2ND DRIVE #27 HOMESTEAD FL 33033		7. Name and Address of New Registered Agent Name Walsh, Fabio B. Street Address (P.O. Box Number is Not Acceptable) 15243 SW 9 Way City Miami FL 33194	
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 3/17/08 <small>Signature, typed or printed name of registered agent or state if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 2932 SE 2ND DRIVE #27 MIAMI FL 33194 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Ana Luisa 15243 SW 9 Way Miami, FL 33194 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, FABIO B 2932 SE 2ND DRIVE #27 HOMESTEAD FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Fabio B. 15243 SW 9 Way Miami, FL 33194 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/17/08

305-223-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone