2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90191 006 ***158.75

DOCUMENT # P04000099072

1. Entity Name
FIRST DIGITAL COPIERS CORP.

Principal Place of Business	Mailing Address
8333 NW 66TH ST MIAMI, FL 33166	8333 NW 66TH ST MIAMI, FL 33166

02222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 8333 N.W 66th. Street	3. Mailing Address: 8333 N.W 66th. Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166 Country: US	Zip: 33166 Country: US

4. FEI Number: 26-0091772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORTIZ, ADRIANA
14728 SW 55 TER
MIAMI, FL 33185

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] Adriana M. Ortiz 02/22/05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VILLARROEL, JOSE C 8333 NW 66TH ST MIAMI, FL 33166 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Adriana M. Ortiz 14728 S.W 55th. Terrace ~~MIAMI FL 33185~~ X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TORREZ, JUAN C 8333 NW 66TH ST MIAMI, FL 33166 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Maria S. Carcasson 14728 S.W 55th. Terrace MIAMI FL 33185 X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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] ADRIANA M. ORTIZ PRESIDENT 02/22/05 (305)434-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #