2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013432

1. Entity Name
PRECISION COPIER SERVICE CORPORATION OF DADE AND BROWARD COUNTY

Principal Place of Business	Mailing Address
14741 SUNSET LANE SW RANCHES, FL 33330	14741 SUNSET LANE SW RANCHES, FL 33330

66013793

2. Principal Place of Business *Same* Suite, Apt. #, etc.	3. Mailing Address *Same* Suite, Apt. #, etc.	04102006 Chg-P CR2E034 (11/05)
City & State	City & State	4. FEI Number ☑ Applied For ☐ Not Applicable
Zip Country	Zip Country	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
CHIN, DENNIS 14741 SUNSET LANE SW RANCHES, FL 33330	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 _____   4-10-06

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, 2006 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	P		TITLE		
NAME	CHIN, DENNIS	☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS	14741 SUNSET LANE		STREET ADDRESS		
CITY-ST-ZIP	SW RANCHES, FL 33330		CITY-ST-ZIP		

TITLE			TITLE		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE			TITLE		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE			TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		

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NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE			TITLE		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   4-10-06

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