

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127563

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: UNISOURCE DUPLICATING, INC.

## Current Principal Place of Business:

4500 BISCAYNE BLVD.  
PENTHOUSE N  
MIAMI, FL 33137

## New Principal Place of Business:

5810 BISCAYNE BLVD.  
MIAMI, FL 33137

## Current Mailing Address:

4500 BISCAYNE BLVD.  
PENTHOUSE N  
MIAMI, FL 33137

## New Mailing Address:

5810 BISCAYNE BLVD.  
MIAMI, FL 33137

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIJARES, NOEL  
4500 BISCAYNE BLVD.  
PENTHOUSE N  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

MIJARES, NOEL  
5810 BISCAYNE BLVD.  
MIAMI, FL 33137 US

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.

SIGNATURE: NOEL MIJARES

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MIJARES, NOEL  
Address: 4500 BISCAYNE BLVD., PH-N  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: COTE, LISA D  
Address: 4500 BISCAYNE BLVD., PH-N  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: CERASALE, STEVEN A  
Address: 4500 BISCAYNE BLVD., PH-N  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: MIJARES, NOEL  
Address: 5810 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change ( ) Addition  
Name: COTE, LISA D  
Address: 5810 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change ( ) Addition  
Name: CERASALE, STEVEN A  
Address: 5810 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL MIJARES

PCEO

04/10/2009

Electronic Signature of Signing Officer or Director

Date