

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014483

Entity Name: COPYMAX, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

185 S.E. 14TH TERRACE
#2701
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

185 S.E. 14TH TERRACE
#2701
MIAMI, FL 33131 US

New Mailing Address:

11445 SW 32 STREET
MIAMI, FL 33165 US

FEI Number: 26-2093105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMENATE, EVELIO
185 S.E. 14TH TERRACE
#2701
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARMENATE, EVELIO
Address: 185 S.E. 14TH TERRACE
City-St-Zip: MIAMI, FL 33131 US

Title: S () Delete
Name: CARMEMATE, EVELIO
Address: 185 S.E. 14TH TERRACE
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CARMENATE, EVELIO
Address: 185 S.E. 14TH TERRACE
City-St-Zip: MIAMI, FL 33131 US

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: EVELIO CARMENATE

P

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date