

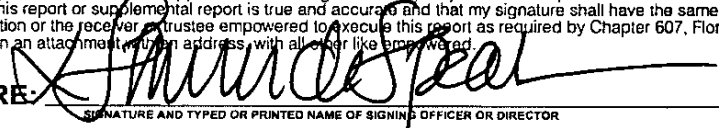


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90054 038 \*\*\*158.75

|   |  |  |  |  |                 |
|---|--|--|--|--|-----------------|
| <b>DOCUMENT # P96000096696</b><br>1. Entity Name<br><b>BRICKELL COPY PRODUCTS, INC.</b>   |  |  |  |   |                 |
| Principal Place of Business<br><b>550 BRICKELL AVENUE<br/>SUITE 200<br/>MIAMI, FL 33131 US</b>  |  |  | Mailing Address<br><b>550 BRICKELL AVENUE<br/>SUITE 200<br/>MIAMI, FL 33131 US</b>   |  |                 |
| 2. Principal Place of Business<br><b>801 Brickell Ave</b><br>Suite, Apt., etc. <b>Suite 1100</b><br>City & State <b>Miami FL</b><br>Zip <b>33131</b> Country <b>USA</b>   |  | 3. Mailing Address<br><b>801 Brickell Avenue</b><br>Suite, Apt., etc. <b>Suite 1100</b><br>City & State <b>Miami FL</b><br>Zip <b>33131</b> Country <b>USA</b> |  |  |                 |
| 4. FEI Number<br><b>65-0783376</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  | 01102006 Chg-P CR2E034 (11/05)   |                 |
| 6. Name and Address of Current Registered Agent<br><b>FORT, BERNARDO<br/>3315 DEVON CT.<br/>COCONUT GROVE, FL 33133</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City <b>FL</b> 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |  |                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |                 |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>SPEAR, LAURINDA<br/>3315 DEVON CT.<br/>COCONUT GROVE, FL 33133</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>FORT, BERNARDO<br/>3315 DEVON CT<br/>COCONUT GROVE, FL 33133</b>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |  |  |                 |
| <b>SIGNATURE</b>   |  |  |  |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date   |  | Daytime Phone # |