


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 3:11

DOCUMENT # P97000047071	
1. Entity Name COPYCARE BUSINESS SYSTEMS, INC	

Principal Place of Business	Mailing Address
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2. Principal Place of Business 877 W 34 ST	3. Mailing Address 877 W 34 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33012	Country USA

REINSTATEMENT 04-05



02212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3449181	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name ROLANDO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable) 877 W 34 ST
City HIALEAH, FL
Zip 33012

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:  ROLANDO RODRIGUEZ 10/01/05
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARITZA VILLAREAL 1227 SW 131st PLACE MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:  ROLANDO RODRIGUEZ 10/01/05 305-822-6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COPYCARE BUSINESS SYSTEMS, INC.
877 W 34TH ST
HIALEAH, FL 33012
(305) 305-5213


October 3, 2005

To Whom It May Concern:

This is a brief letter stating that I did not receive my Uniform Business Report of my company Copycare Business Systems, Inc. for the year of 2004. Along with this letter you will find my UBR for 2004 and 2005 and a check for the amount of \$300.00.

If you need further assistance please feel free to give me a call at the above number. Thank you in advance.

Sincerely,



Rolando Rodriguez