
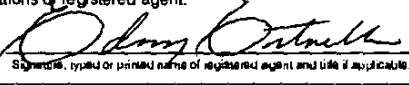



FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90255 004 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>*DOCUMENT # P99000090059</b>			
1. Entity Name <b>COPY DRUM CORP.</b>			
Principal Place of Business <del>1840 WEST 49TH STREET, STE. 404</del> <del>HALEAH, FL 33012</del>		Mailing Address <del>1840 WEST 49TH STREET, STE. 404</del> <del>HALEAH, FL 33012</del>	
2. Principal Place of Business <b>1200 NW 78 AVENUE</b>		3. Mailing Address <b>1200 NW 78 AVENUE</b>	
Suite, Apt. #, etc. <b>216</b>		Suite, Apt. #, etc. <b>216</b>	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33126</b>	Country	Zip <b>33126</b>	Country
4. FEI Number <b>65-0963839</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ESTRELLA, EDISSON</b> <del>1840 WEST 49TH STREET, STE. 404</del> <del>HALEAH, FL 33012</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE  <b>EDISON ESTRELLA</b> DATE <b>4/13/03</b> <small>SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining)</small>			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESTRELLA, EDISSON</b> <b>15325 S.W. 36 TERR.</b> <b>MIAMI, FL 33185</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, ANGEL RODRIGO</b> <b>15325 S.W. 36 TERR.</b> <b>MIAMI, FL 33185</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  <b>EDISON ESTRELLA</b> <b>4/13/03</b> <b>(305) 221-4954</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2EC34 (10/02)