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)

*DOCUMENT # P99000090059

1. Entity Name
COPY DRUM CORP.

Principal Place of Business	Mailing Address
~~1840 WEST 49TH STREET, STE. 404~~ ~~HIALEAH, FL 33012~~	~~1840 WEST 49TH STREET, STE. 404~~ ~~HIALEAH, FL 33012~~

2. Principal Place of Business	3. Mailing Address
1200 NW 78 AVENUE	1200 NW 78 AVENUE
Suite, Apt. #, etc.: 216	Suite, Apt. #, etc.: 216
City & State: MIAMI, FL.	City & State: MIAMI, FL
Zip: 33126 Country:	Zip: 33126 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0963839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTRELLA, EDISSON ~~1840 WEST 49TH STREET, STE. 404~~ ~~HIALEAH, FL 33012~~	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: [signature] EDISON ESTRELLA 4/3/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTRELLA, EDISSON 15325 S.W. 36 TERR. MIAMI, FL 33185 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, ANGEL RODRIGO 15325 S.W. 36 TERR. MIAMI, FL 33185 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] EDISON ESTRELLA DIRECTOR 4/3/03 (305) 321-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #