

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045005

FILED
Apr 30, 2012
Secretary of State

Entity Name: ADVANCED CNC MANUFACTURING, INC.

Current Principal Place of Business:

2313 DESTINY WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 991
ODESSA, FL 33556

New Mailing Address:

FEI Number: 61-1412132 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARROSSO, MARIA
2313 DESTINY WAY
ODESSA, FL 33556 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

OFFICERS AND DIRECTORS:

Title: PD
Name: CARROSSO, MIGUEL A
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: D
Name: CARROSSO, MARIA I
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: D
Name: CARROSSO, MARIA G
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: D
Name: CARROSSO, MARIA M
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: O
Name: CARROSSO, MARIA I
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: O
Name: CARROSSO, MARIA M
Address: 2313 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: MARIA INES CARROSSO

OFC

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date