


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 022 ***150.00

DOCUMENT # P02000135018
1. Entity Name
Consortio Precision Corp.



DO NOT WRITE IN THIS SPACE

11037019

2. Principal Place of Business
17011 Bay Road
Suite, Apt. #, etc.

3. Mailing Address
17011 Bay Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles, FL

City & State
Sunny Isles, FL

Zip
33160 Country
USA

Zip
33160 Country
USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Emilio C. Pastor, Esq.

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Suite 502

City
Coral Gables FL Zip Code
33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Cristina Kraskva
Edificio U Dept. 201, Urb.
Los Proceres, Surco, Lima Peru

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Virginia Campos
17011 Bay Road
Sunny Isles, FL 33160

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/03 305332-1316
Daytime Phone #

CR2E034B (12/02)