

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90031 011 ***150.00

DOCUMENT # P96000040078

1. Entity Name
ADVANCED CNC MACHINING, INC.



Principal Place of Business
**1300 NORTHWEST 13 AVENUE
 POMPANO BEACH, FL 33069**

Mailing Address
**1300 NORTHWEST 13 AVENUE
 POMPANO BEACH, FL 33069**

40040366



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0665270

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PAULOVICH, PETER A
 1300 NW 13TH AVE
 POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent
 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, 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, 2008 Fee will be \$550.00

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	PTD PAULOVICH, PETER A 1300 NORTHWEST 13 AVE POMPANO BEACH, FL 33069 <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	VSD PAULOVICH, MICHAEL 1300 NORTHWEST 13 AVE POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter Paulovich* **3-5-08** **954-977-3520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #