

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000045005

**Entity Name:** ADVANCED CNC MANUFACTURING, INC.

**Current Principal Place of Business:**

2313 DESTINY WAY  
ODESSA, FL 33556

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC9681150324**

**Current Mailing Address:**

P.O. BOX 991  
ODESSA, FL 33556

**FEI Number: 61-1412132**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CARROSSO, MARIA  
2313 DESTINY WAY  
ODESSA, FL 33556 US

*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

**Officer/Director Detail :**

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

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

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

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

Title OFFICER  
Name CARROSSO, MARIA G  
Address 2313 DESTINY WAY  
City-State-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 CARROSSO**

**OFFICER**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date