۶ در پاروج

FILED **2008 FOR PROFIT CORPORATION** Mar 10, 2008 08:00 A **ANNUAL REPORT Secretary of State DOCUMENT #342760** ASSOCIATED MACHINE COMPANY, INC. Principal Place of Business Mailing Address 6540 N. W. 35 AVENUE 6540 N. W. 35 AVENUE MIAMI, FL 33147 MIAMI, FL 33147 No Chg-P CR2E034 (11/05) 02052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1266623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, RICHARD C. DO NOT WRITE STE. 702, BRICKELL CENTER 799 BRICKELL PLAZA IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Etection Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME JONES, JESSE A. STREET ADDRESS 6540 N.W. 35 AVENUE CITY-ST-ZIP MIAMI, FL TITLE SMITH, ELLEN M NAME 6540 NW 35 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. Thereby certify that the information supplied with this litting does not quality 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR CRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-836-6/63