


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 481952 1. Entity Name PACIFIC MACHINERY CORPORATION	
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Principal Place of Business 1320 S. DIXIE HWY SUITE 845 CORAL GABLES, FL 33146 US	Mailing Address 1320 S. DIXIE HWY SUITE 845 CORAL GABLES, FL 33146 US
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03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OSWALDO, MORA J. 1840 CORAL WAY SUITE 402 MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	VP SPEZIANI, HUMBERTO N 15500 S.W. 73C MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPEZIANI, NORA M 15500 S.W. 73C MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPEZIANI, HUMBERTO M 15500 S.W. 73C MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPEZIANI, GINETTA 15500 S.W. 73RD COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPEZIANI, FIORELLA 15500 SW 73 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/05-80080-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/18/05
Date

X 305 665-9565
Daytime Phone #