

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 481952

1. Entity Name
PACIFIC MACHINERY CORPORATION



Principal Place of Business
**5915 PONCE DE LEON BLVD, SUITE 48
CORAL GABLES, FL 33146 US**

Mailing Address
**5915 PONCE DE LEON BLVD, SUITE 48
CORAL GABLES, FL 33146 US**



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

**U000000896489
04/25/08-80009-025 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORA

X SPEZIANI

X 4/5/08

301-

Daytime Phone #

465-9560