2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 0

## Mar 27, 2006 08:00 AM Secretary of State **DOCUMENT # 532991** 1. Entity Name PACER MACHINERY SALES, INC. Principal Place of Business Malling Address 288 N.W. 86TH TERRACE CORAL SPRINGS FL 33071 288 N.W. 86TH TERRACE CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. II, etc. CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 59-1743882 Not Applicat Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERINOVIC, DAVID Street Address (P.O. Box Number is Not Acceptable) 288 NW 86TH TERR **CORAL SPRINGS FL 33065** Zip Code City 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 access 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 reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Change ☐ Addition ☐ Defete DYLE ππε NAME MARKE PERINOVIC, DAVID U00000481324 STREET ADDRESS 288 NW 86TH TERR STREET ADDRESS 04/11/06-80027-013 150.00 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change TITLE ☐ Delete TITLE T A: "" NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition tine NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C074 - ST - 709 ☐ Detete Change Addition TITLE TITLE MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addis ☐ Detete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP □ MACL ☐ Change ☐ Delete ME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

DAVID PERINOUIC

**FILED**