

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630672

FILED
Mar 06, 2009
Secretary of State

Entity Name: PRECISION TRADING CORP.

Current Principal Place of Business:

1430 NW 88 AVE
MIAMI, FL 33172

New Principal Place of Business:

15800 NW 48TH AVE
MIAMI GARDENS, FL 33014

Current Mailing Address:

1430 NW 88 AVE
MIAMI, FL 33172

New Mailing Address:

15800 NW 48TH AVE
MIAMI GARDENS, FL 33014

FEI Number: 59-1938903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPCIUC, ISRAEL
1753 NORTHVIEW DRIVE
SUNSET ISLAND NO 1
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAPCIUC, ISRAEL,
Address: 1753 NORTHVIEW DR
City-St-Zip: MIAMI BCH, FL

Title: V () Delete
Name: BEDA, SIMON,
Address: 19407 PRESIDENTIAL WAY
City-St-Zip: N MIAMI BEACH, FL 33179

Title: S () Delete
Name: LAPCIUC, TANIA,
Address: 1753 NORTHVIEW DR
City-St-Zip: MIAMI BCH, FL

Title: VPT () Delete
Name: LAPCIUC, MARCOS,
Address: 2108 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIMON BEDA

VP

03/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date