

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

AMENDED

DOCUMENT # F59593

1. Entity Name  
SIXNEL PRECISION SHEETS METAL INC.



Principal Place of Business  
5415 N.W. 15TH ST.  
#6  
MARGATE, FL 33063

Mailing Address  
5415 NW 15TH ST.  
#6  
MARGATE, FL 33063

FILED  
07 MAR -6 AM 11:10



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2146637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMBERTI, HECTOR  
11175 NW 17TH PLACE  
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

LAMBERTI, EDUARDO

Street Address (P.O. Box Number is Not Acceptable)

9623 N.W. 24<sup>TH</sup> PLACE

City

CORAL SPRINGS

FL

Zip Code

33065

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

900092060629

03/12/07--01002--012 \*\*61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LAMBERTI, HECTOR ☒ Delete  
STREET ADDRESS 11175 NW 17TH PLACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VDS  
NAME LAMBERTI, EDUARDO ☒ Delete  
STREET ADDRESS 9623 N.W. 24TH PLACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAMBERTI, EDUARDO ☐ Change ☒ Addition  
STREET ADDRESS 9623 N.W. 24<sup>TH</sup> PLACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VDS  
NAME LAMBERTI, IRENE ☐ Change ☒ Addition  
STREET ADDRESS 9623 N.W. 24<sup>TH</sup> PLACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-2007 954-970-0409

Date

Daytime Phone #