

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001692

FILED
Jan 16, 2007
Secretary of State

Entity Name: PRECIOUS CHEMICALS U.S.A. INC.

Current Principal Place of Business:

250 ALTAMONTE COMMERCE BLVD
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

250 ALTAMONTE COMMERCE BLVD
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 06-1210732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZZARA, LOUIS
250 ALTAMONTE COMMERCE BLVD
ALTAMONTE SPRINGS, FL 32714 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: CPD () Delete
Name: SHOHER, ITZHAK DR
Address: 9 GALGALEI HAPLADADA ST
City-St-Zip: HERZLIA 46722 ISRAEL,

Title: VCVD () Delete
Name: WHITEMAN, AHRON
Address: 13 JI PERETZ ST
City-St-Zip: PETACH TIKVA ISRAEL,

Title: S () Delete
Name: LIEBERSTEIN, EUGENE
Address: 2151 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 06903

Title: CEO () Delete
Name: AZZARA, L M
Address: 250 ALTAMONTE COMM. BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: AZZARA, NICK
Address: 250 ALTAMONTE COMM. BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOREEN M HANRATTY

FAM

01/16/2007

Electronic Signature of Signing Officer or Director

Date