

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000001692

1. Entity Name

PRECIOUS CHEMICALS U.S.A. INC.



Principal Place of Business

250 ALTAMONTE COMMERCE BLVD  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

250 ALTAMONTE COMMERCE BLVD  
ALTAMONTE SPRINGS, FL 32714 US



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number

06-1210732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

AZZARA, LOUIS  
250 ALTAMONTE COMMERCE BLVD  
ALTAMONTE SPRINGS, FL 32714

**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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	SHOHER, ITZHAK DR
STREET ADDRESS	9 GALGALEI HAPLADADA ST
CITY-ST-ZIP	HERZLIA 46722 ISRAEL,
TITLE	VCVD
NAME	WHITEMAN, AHRON
STREET ADDRESS	13 JI PERETZ ST
CITY-ST-ZIP	PETACH TIKVA ISRAEL,
TITLE	S
NAME	LIEBERSTEIN, EUGENE
STREET ADDRESS	2151 LONG RIDGE RD
CITY-ST-ZIP	STAMFORD, CT 06903
TITLE	CEO
NAME	AZZARA, L M
STREET ADDRESS	250 ALTAMONTE COMM. BLVD.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	P
NAME	AZZARA, NICK
STREET ADDRESS	250 ALTAMONTE COMM. BLVD.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000793259  
01/25/08-80001-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08

407-885-8891