

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # K08472					
1. Entity Name AVRO PRECISION MOLD CORPORATION					
Principal Place of Business % ALBERT J. VELTRI 315 PAINT STREET ROCKLEDGE FL 32955			Mailing Address % ALBERT J. VELTRI 315 PAINT STREET ROCKLEDGE FL 32955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2865305 Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELTRI, ALBERT J. 315 PAINT ST. ROCKLEDGE FL 32955			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	VELTRI, ROSE MARIE		NAME		
STREET ADDRESS	121 BARNACLE PL		STREET ADDRESS		
CITY- ST- ZIP	ROCKLEDGE FL		CITY- ST- ZIP	U000000424932 02/18/06-80074-002 150.00	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	VELTRI, LEWIS A		NAME		
STREET ADDRESS	6159 KARI DR		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE FL 32940		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 qualify 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

SIGNATURE: *Rose Marie Veltri Pres.* *Rose Marie Veltri Pres.* **321-633-0** **2/1/06**