

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85322

Entity Name: PRECISION TECH, INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

8500 NW 23RD ST
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 840726
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0129851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBARES, FERNANDO
8500 NW 23TH ST
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOBARES, MARIA-LETICIA
Address: 8500 NW 23TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVP () Delete
Name: TOBARES, FERNANDO
Address: 8500 NW 23TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FERNANDO TOBARES

DP

05/04/2009

Electronic Signature of Signing Officer or Director

Date