2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL H	EPORI (AI	<u> </u>		FILED
DOCUMENT # M15848  1. Entity Name					Apr 30, 2005 08:00 AM
F&FAV	IONICS PRECISION, INC.				Secretary of State
Principal Place of Business Mailing Address					·-
% FRANCISCO J. GONZALEZ 7705 S.W. 66 STREET MIAMI FL 33143		% FRANCISCO J. GONZALEZ 7705 S.W. 66 STREET MIAMI FL 33143		z	I INDICALE CALCULATE BESAT TOLIC BESAT TOLIC BUTCH SINCE ALARM STATE ALARM STATE OF THE STATE OF THE STATE OF
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 59-2568620 Applied For Not Applied
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Nome	7. Name and Address of New Registered Agent
GONZALEZ, FRANCISCO J. 7705 S.W. 66 STREET				Name Street Address (	(P.O. Box Number is Not Acceptable)
	MI FL 33143				<del></del>
				City	FL Zip Code
\$. The above the obligat	named entity submits this statement to tions of registered agent.	or the purpose of changing it	ts register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	OTE Aogistara	d Agent signature required	d when reinstating) DATE .
	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00	1		-	Election Campaign Financing \$5.00 May 6
	c Payable to Florida Department o				Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND	DIRECTORS	. 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
1111.6	DT	☐ Delete	HILI	E	☐ Change ☐ Action
NAME STREET ADDRESS	GONZALEZ, FRANCISCO J. 7705 S.W. 66 STREET		NAM	·	U00000349607
City - St - ZiP	MIAMI FL 33143			ET ADDRESS - ST- ZIP	000000349607 05/02/05-80072-007 150.00
HTLE NAME	GONZALEZ, MARIA R.	☐ Delete	THTL8		☐ Change ☐ Additi
STREET ADDRESS	7705 SW 66 ST.		NAM STRE	EET ADDRESS	••
CITY-ST-ZIP	MIAMI FL 33143			· ST - ZIP	
TITLE		☐ Delete	TITLE	ī l	Change ☐ Antiili
NAME			NAM	E	_
STREET ADDRESS CITY ST-ZIP				ET ADDRESS	
		<u> </u>		-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAM		☐ Change ☐ Addis
STREET ADDRESS				FT ADDRESS	
CITY-ST-ZIP			CITY	-SI-ZIP	
TITLE		☐ Delete	FITLE		☐ Change ☐ Admini
NAME CERTES APPROVED			NAM		
STREET ADDRESS CITY-ST ZIP			•	ET ADDRESS - ST- ZIP	
TITLE		☐ Delete	THTCE	:	☐ Change ☐ Augili
NAME			NAM	·	_ · _ ·
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS	
	portify that the information availed with	this filing does not mustice to		-SI-ZIP	notion 110 O7(OVI) Florido Patridos I finalizar analís de Adres de
indicated of the corr changed.	on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address.	s true and accurate and that owered to execute this repor with all other like empowered	my signat t as requit	ture shall have the street by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes, and that my name appears in Block 10 or Block 11

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #