


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90064 041 ***150.00

DOCUMENT # P00000006621	
1. Entity Name VATKA CASTING, INC.	

Principal Place of Business 5147 NW 121 DRIVE CORAL SPRINGS, FL 33076	Mailing Address 5147 NW 121 DRIVE CORAL SPRINGS, FL 33076
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2. Principal Place of Business - No P.O. Box # 8016 NW 124 TERR	3. Mailing Address 8016 NW 124 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PARKLAND FL	City & State PARKLAND FL
Zip 33076	Country
Country	Zip 33076

4001400



04102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1000209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SZIROVATKA, JOHN S 5147 NW 121 DRIVE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name SZIROVATKA, JOHN S Street Address (P.O. Box Number is Not Acceptable) 8016 NW 121 DRIVE City PARKLAND FL Zip Code 33076	
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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: *John Szirovatka* (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZIROVATKA, JOHN S 5147 NW 121 DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Szirovatka* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/10/07 Daytime Phone #