

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000044148

1. Entity Name  
SPACE MANUFACTURING, INC.



Principal Place of Business  
14271 60TH STREET NORTH  
CLEARWATER, FL 33760

Mailing Address  
14271 60TH STREET NORTH  
CLEARWATER, FL 33760



04282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1596863

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOKOLEWICZ, BOGUSLAW  
14271 60TH ST N  
CLEARWATER, FL 33760

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000754116  
05/22/07-80048-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SOKOLEWICZ, BOGUSLAW  
STREET ADDRESS 14271 60TH ST N  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE CEO  
NAME SOKOLEWICZ, GRAZYNA  
STREET ADDRESS 14271 60TH STREET N  
CITY-ST-ZIP CLEARWATER, FL 32760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Boguslaw Sokolewicz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date Daytime Phone #