

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000106651 1. Entity Name PRECISE ACQUISITION INC.																													
Principal Place of Business 14121 SW 154 CT MIAMI, FL 33196		Mailing Address 14121 SW 154 CT MIAMI, FL 33196																											
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.																											
City & State		City & State		☐ CHECK HERE IF MAKING CHANGES																									
Zip		Country		4. FEI Number 05-1098301																									
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MARINO, EDUARDO J 14121 SW 154 CT MIAMI, FL 33196			7. Name and Address of New Registered Agent Name SAME 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 my registered agent.																													
SIGNATURE <i>Eduardo J. Marino</i> , Eduardo J. Marino 4/30/03 Signature, typed or stamped name of registered agent or officer or director																													
9. Election Campaign Financing Trust Fund Contribution			☐ \$5.00 May Be Added to Fee																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE P NAME MARINO, EDUARDO STREET ADDRESS 14121 SW 154 CT CITY-ST-ZIP MIAMI, FL 33196 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME BUSTELO, ILEANA E STREET ADDRESS 14121 SW 154 CT CITY-ST-ZIP MIAMI, FL 33196 </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE P NAME MARINO, EDUARDO STREET ADDRESS 14121 SW 154 CT CITY-ST-ZIP MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME BUSTELO, ILEANA E STREET ADDRESS 14121 SW 154 CT CITY-ST-ZIP MIAMI, FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 807, 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 officers and directors.																													
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