

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040140

FILED
Apr 20, 2005
Secretary of State

Entity Name: SIGNAGE & PRECISION CUTTING, CO.

Current Principal Place of Business:

15980 NW 48 AVE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

15552 RAVENSWICKE MANOR
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1094940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, MAURICIO A
15552 RAVENSWICKE MANOR
DAVIE, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GONZALEZ, GERMAN
Address: 15980 NW 48 AVE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: GONZALEZ, GLORIA
Address: 15980 NW 48 AVE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: GONZALEZ, LESLY
Address: 15552 RAVENSWICKE MANOR
City-St-Zip: DAVIE, FL 33331

Title: P () Delete
Name: GONZALEZ, MAURICIO A
Address: 15552 RAVENSWICKE MANOR
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: MAURICIO A. GONZALEZ

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date