## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000040140

Entity Name: SIGNAGE & PRECISION CUTTING. CO

FILED Apr 11, 2006 Secretary of State

Littly Na	ille. SIGNAGE	LA FRECISION COTTING, CO	J.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
15980 NW 48 AVE MIAMI, FL 33015				15980 NW 48 AVE MIAMI, FL 33014		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
15552 RAV DAVIE, FL	VENSWICKE N . 33331	MANOR				
FEI Number	: 65-1094940	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
	EZ, MAURICIO VENWICKE M/ . 33331 US					
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP ( ) GONZALEZ, GI 15980 NW 48 A MIAMI, FL 330	\VE	Title: Name: Address: City-St-Zip:	VP GONZALEZ, 15980 NW 4 MIAMI, FL 3	8 AVE	
Title: Name: Address: City-St-Zip:	D ( ) GONZALEZ, GI 15980 NW 48 A MIAMI, FL 330	\VE	Title: Name: Address: City-St-Zip:	D GONZALEZ, 15980 NW 4 MIAMI, FL 3	8 AVE	
Title: Name: Address: City-St-Zip:	GONZALEZ, LÉ	SWICKE MANOR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, M	SWICKE MANOR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 GONZALEZ P 04/11/2006