2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040140

FILED Jun 18, 2007 Secretary of State

Entity Name: SIGNAGE & PRECISION CUTTING, CO.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15980 NW MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
15552 RAV DAVIE, FL	'ENSWICKE M 33331	IANOR			
FEI Number:	65-1094940	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
GONZALEZ, MAURICIO A 15552 RAVENWICKE MANOR DAVIE, FL 33331 US			15552 RAVÉNSWICK	GONZALEZ, MAURICIO A 15552 RAVENSWICKE MANOR DAVIE, FL 33331 US	
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MAURICIO A GONZALEZ				06/18/2007	
Electronic Signature of Registered Agent			nt	Date	
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () GONZALEZ, GE 15980 NW 48 A MIAMI, FL 330	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GONZALEZ, GL 15980 NW 48 A MIAMI, FL 330	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GONZALEZ, LE 15552 RAVENS DAVIE, FL 3333	WICKE MANOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P ()	Delete	Title: Name	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MAURICIO A. GONZALEZ **PRES** 06/18/2007

15552 RAVENSWICKE MANOR

DAVIE, FL 33331

Address:

City-St-Zip: