## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000042890

1590 NE 194 ST

NORTH MIAMI BEACH, FL 33179 US

Address: City-St-Zip:

Entity Name: PRECISION LITHOGRAPHERS USA INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	194TH ST. IIAMI BEACH, F	FL 33179 US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX MIAMI, FL					
FEI Number	: 65-1098912	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1590 NE 1 NORTH M	IIAMI BEACH, F				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHONFELD, 1 1590 NE 194 S		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCHONFELD, 2 1590 NE 194 S		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S () SCHONFELD, L	Delete IZBETH R.D.	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: DAVID SCHONFELD P 04/21/2008